Please complete this form online at https://www.mvdsa.org/how-to-help/become-a-member.html or return this completed form with payment to the MVDSA (details at the end of the form). You can process a free membership online, also. Note: financial assistance for membership fees is available if needed. Questions? Contact us at office@mvdsa.org or 937-222-0744.

**Membership Type**

☐ $25 – Family  ☐ $15 - Individual Advocate  ☐ Free - First-time Members Only!

☐ A New Membership  ☐ A Membership Renewal

**Contact Information**

Name: ________________________________________________________________

Address: ________________________________________________________________________

City: __________________________ State: __________ Zip: ____________________________

County: __________________________ School District: __________________________

Main Phone #: ______________________ Addt’l Phone #: _____________________________

Primary Email: _________________________________________________________________

Add’t’l Email Addresses: _______________________________________________________

Preferred Method of Contact:  ☐ Main Phone  ☐ Primary Email Address

**Member Details – Please list all members:**

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

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Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Name: __________________________ Relation to Person w/ DS: __________________

Birthdate of Person(s) with DS (ex. John 05/15/1989): ________________________________
Volunteer Interests

Would you be interested in volunteering to help in any of the following areas? (Select all that apply)

☐ New Parent Support           ☐ Euchre Tournament
☐ Buddy Walk                   ☐ General Office Support
☐ Medical Outreach             ☐ Event Set Up/Tear Down
☐ Scholarships                 ☐ Hospitality
☐ Teens/Young Adults           ☐ Information Technology Advice
☐ Playgroups                   ☐ Financial Advice
☐ Moms’ Group                  ☐ Legal Advice
☐ D.A.D.S.                     ☐ Serving on the Board

Preferences

Please include me/my family in the MVDSA Member Directory. ☐ Yes ☐ No
Please send me automatic phone event reminders for ALL events. ☐ Yes ☐ No
Please send me automatic phone event reminders for D.A.D.S. events. ☐ Yes ☐ No
Please send me automatic phone event reminders for Moms’ Group events. ☐ Yes ☐ No
Please look up my Employer’s charitable giving programs. (List employer) ______________________________

Permission

At times, the MVDSA and/or its affiliates may photograph people participating in MVDSA events. As a legal guardian, I give the MVDSA permission for my and/or my child/children’s (or client’s) photo and first name to be used in MVDSA publications, including but not limited to print materials, website(s) and social media.

*Answer Required* ☐ Yes ☐ No

Optional Donation

I’d like to make an additional donation of ☐ $25 ☐ $50 ☐ $100 ☐ Other: $________

Payment

Total Amount (membership + optional additional donation): $ __________________
We accept cash, checks (payable to MVDSA) and credit card payments. Checks are preferred.
If paying by Credit Card, please complete this form online at https://mvdsa-org.presencehost.net/how-to-help/become-a-member.html, or provide the following information:

Cardholder Name: ________________________________________________________________
Card Type (check one): ☐ Visa ☐ MC ☐ AMEX ☐ Discover
Card Account Number: ______________________________________________________________
Security Code (CVV): _______________________________ Expiration Date (MM/YYYY): _____/_______
Signature: ________________________________________________________________

Questions? Contact the MVDSA Office at office@mvdsa.org or 937-222-0744.

Please return membership forms and payment to:
MVDSA Member Services
1133 S. Edwin C. Moses Blvd., Suite 335
Dayton, OH 45417