



Miami Valley Down Syndrome Association 2019 Annual Membership Form

Annual membership runs from January through December.

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: _____

Addt'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: _____

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: _____

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)

- | | |
|---|--|
| <input type="checkbox"/> New Parent Support | <input type="checkbox"/> Euchre Tournament |
| <input type="checkbox"/> Buddy Walk | <input type="checkbox"/> General Office Support |
| <input type="checkbox"/> Medical Outreach | <input type="checkbox"/> Event Set Up/Tear Down |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Teens/Young Adults | <input type="checkbox"/> Information Technology Advice |
| <input type="checkbox"/> Playgroups | <input type="checkbox"/> Financial Advice |
| <input type="checkbox"/> Moms' Group | <input type="checkbox"/> Legal Advice |
| <input type="checkbox"/> D.A.D.S. | <input type="checkbox"/> 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: _____

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

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