



Lower Mainland Down Syndrome Society

Charity BN/Registration #89162-1666 RR0001

For Office Use:
Date Received: ____/____/____
Day / Month / Year

Membership Application Form

LMDSS memberships remain active for one year with renewal date annually on February 1.
(Please fill out one form for each type of membership.)

Membership Type: (Please Select One)

Individual Family Corporate Group

Name: _____ Daytime Phone: () _____
First name(s) Last name Cell Phone: () _____

Business Name (if applicable): _____

Address: _____ Evening Phone: () _____

City: _____ Prov. _____ Postal Code: _____

*E-Mail _____ Fax: () _____

***E-mail is an economical way for LMDSS to distribute time-sensitive information. Please keep your e-mail address updated.**

Type of Organization (if applying for group or corporate membership): Education Support Group
Medical Research Advocacy Business Other (please specify) _____

NUMBER OF MEMBERS YOUR GROUP/ORGANIZATION REPRESENTS: _____ IS YOUR ORGANIZATION DOWN SYNDROME SPECIFIC? YES NO

Membership Fees:	Individual:	<input type="checkbox"/> 1-year \$25.00	<input type="checkbox"/> 2-years \$45.00	<input type="checkbox"/> 5-years \$115.00
	Family:	<input type="checkbox"/> 1-year \$30.00	<input type="checkbox"/> 2-years \$55.00	<input type="checkbox"/> 5-years \$135.00
	Self-Advocate:	<input type="checkbox"/> No Charge		
	Corporate:	<input type="checkbox"/> 1-year \$150.00	<input type="checkbox"/> 2-year \$270.00	<input type="checkbox"/> 5-years \$675.00
	Group:	<input type="checkbox"/> 1-year \$60.00	<input type="checkbox"/> 2-years \$110.00	<input type="checkbox"/> 5-years \$270.00
		Amount \$ _____		
		<i>I would like to include a donation of \$ _____</i>		
		TOTAL \$ _____		

Payment Method- Visa / Master Card No. _____ Card Expiry date _____

Signature _____

Cheque enclosed (Make payable to LMDSS) Cheque # _____

AUTHORIZATION FOR THE USE OF PHOTOS AND NAME(S):

I, _____, authorize the Lower Mainland Down Syndrome Society to use any photos of myself, or family including a minor under my custody or an adult for whom I am authorized to make decisions. I authorize photos to be used by LMDSS for the purposes of pamphlets, newspaper ads, LMDSS newsletter, web content or any of the foregoing. I understand that giving my consent to this will mean no financial payments will be made to me by LMDSS.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE.

Signature: _____ Date (DD/MM/YYYY): _____

To "go green," reduce printing and mailing costs, and send information to you more quickly, we want to use e-mail as much as possible. Can we send notices to you by e-mail? Yes No Can we send newsletters to you by e-mail? Yes No

If "NO": What is the best method to communicate with you: _____

Mail Forms and Payment to:

Lower Mainland Down Syndrome Society, #481, 13320 78th Ave, Surrey, BC V3W 0H6

Phone (604) 591-2722 Fax (604) 591-2730 E-Mail info@lmdss.com Website www.lmdss.com Please turn the page =>

Down Syndrome Connection:

If applicable, by telling us about your connection with Down syndrome you can help us set goals for the Society, develop services, and connect you with members who share your concerns. **Providing the following information is voluntary and is kept confidential.**

1. Are you a Self-Advocate with Down syndrome? Yes No
2. Do you have a child (ren) with Down syndrome? Yes No

Name(s)	Sex	Birth date
_____	_____	_____
_____	_____	_____

If not, please tell us why you are interested in Down syndrome. (e.g., grandparent, teacher, teaching assistant, friend, doctor, nurse, etc.) _____

- Do you have other children? Yes No
- | Name(s) | Sex | Birth date |
|---------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Are you concerned about any medical issues? (e.g., hearing loss, vision, speech, etc.)

4. Are you concerned about other issues relating to Down syndrome? (e.g., preschool, transition between schools, life planning, employment opportunities, etc.)

5. Can we contact you if other members have requested support and share similar Down syndrome issues?

Yes No

6. Would you like to volunteer or help the Society in any way? Please check the categories that interest you.

Board of Directors	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Advertising	<input type="checkbox"/>
Social Events	<input type="checkbox"/>	Educational Advocacy	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Workshop Coordination	<input type="checkbox"/>	IT	<input type="checkbox"/>
Clerical Work	<input type="checkbox"/>	Special Projects	<input type="checkbox"/>	Website	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>	Interpreter	<input type="checkbox"/>	Outreach	<input type="checkbox"/>

Special skills or occupation that could help the Society? _____

7. Are you a member of the Canadian Down Syndrome Society?

Yes No

Membership Benefits

- Weekly E-mail updates delivering: (a) upcoming LMDSS event reminders, current information about Down syndrome; (b) local and national developments relating to people with special needs
- Access to the LMDSS resource library
- Access to adapted tricycles (for small rental fee)
- LMDSS newsletter DownLink, which highlights LMDSS activities, workshops, special events, resources, parent support groups, member's stories, up-to-date news, medical and educational information, news from other available resources
- Annual events: Summer Picnic/Christmas Networking Event/Spring Family Networking Event/Buddy Walk
- New-parent packages, Parent support groups, subsidized workshops
- Youth-group activities, subsidized camp opportunities
- IEP consultations
- Post-secondary education scholarships
- Research input for training upcoming professionals
- General Meeting, and Annual General Meeting voting privileges (not by proxy)
- Individual, Family (one member of) and Honorary Members can stand for election to the Board of Directors