



# Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

When service is available, would you like to receive E-mail... *(check all that apply)*

Event Reminders       Newsletter, *the Extra*

Relationship to person with Down syndrome *(check all that apply)*

Please Select  
From The  
Following:

- |   |   |
|---|---|
| <input type="checkbox"/> Person with Down syndrome        | <input type="checkbox"/> Educator         |
| <input type="checkbox"/> Parent and/or Primary Care Giver | <input type="checkbox"/> Business Sponsor |
| <input type="checkbox"/> Grandparent                      | <input type="checkbox"/> Agency Affiliate |
| <input type="checkbox"/> Sibling                          | <input type="checkbox"/> Donor            |
| <input type="checkbox"/> Healthcare Professional          | <input type="checkbox"/> Other _____      |

What is the primary language spoken at home:

English       Spanish       Other \_\_\_\_\_

If you are the parent of a child with Down syndrome,  
please share their name and birth date with us\*:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male       Female

(\*In our bi-monthly newsletter, we have a special section where we recognize birthdays of loved ones with Down syndrome!)

<b>Office Use:</b>
Date added to mailing list: _____
Date current information mailed: _____
Processed by: _____

Please fax or mail information to: **DSACC**  
4277 W. Richert Ave., Suite 102, Fresno, Ca 93722  
T (559) 228-0411      F (559) 228-0414  
E-mail: info@dsacc.org