



DOWN SYNDROME  
ASSOCIATION OF PETERBOROUGH

300 Sunset Blvd., Peterborough, Ontario K9H 5L3  
Phone # 705-749-6695  
www.downsyndromepeterborough.ca  
Charitable Registration Number 86149 5547 RR0001

**MEMBERSHIP APPLICATION**

**August 1st – July 31st**

- General Membership** **\$30.00**
- Corporate Membership (tax receipt)** **\$50.00**
- Donation of \$** \_\_\_\_\_

**\*\* General Membership in good standing entitles you to vote at AGM in the Fall. A membership entitles you access to enroll in all programs and attend social functions for that membership year.**

**The agency is becoming more “green” and going “paperless”. Would you prefer our newsletter to be mailed \_\_\_ or emailed\_\_\_ ? Members have the opportunity to continue with a paper version of the newsletter for a \$10.00/year fee to cover related costs.**

**Do you give your permission for the Down Syndrome Association of Peterborough to use any photographs taken during this membership year, for the promotion of Down syndrome? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please return this application to the address above and make cheques payable to the Down Syndrome Association of Peterborough.**

**Family Name** \_\_\_\_\_  
**Parents’ Names** \_\_\_\_\_  
**Contact Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_  
**Day Phone #** \_\_\_\_\_ **Evening Phone #** \_\_\_\_\_  
**Son/Daughter’s Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Sibling’s names (at home) & ages**

\_\_\_\_\_  
**Son/Daughter’s Interests**

**Email address and permission to contact you regarding DSAP events?**  
\_\_\_\_\_

