



Down Syndrome Association of Peterborough

Membership Form

Name: _____

Address: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Please indicate what kind of Membership you wish to have:

_____ Individual Membership Cost- \$30.00 _____ Self-Advocate Membership Cost-\$5.00

_____ Family Memberships Cost-\$30.00 _____ Organization Membership-\$40.00

Please note all voting members must be 18 years of age. Each of the above memberships comes with:

- All community communication pieces from DSP in electronic format
- Access to all DSP programs and activities (some programs will have an associated fee above and beyond the membership fee)
- One vote at the DSP General Meetings including the Annual General Meeting

Optional information:

Do you have a family member with Down syndrome? Yes / No

If YES, does this family member live with you? Yes / No

What is the age of your family member? _____

Do you anticipate your family member attending programs / groups / activities offered by DSP?

Yes / No

How did you hear about the Down Syndrome Association of Peterborough?

Do you consent to receive emails from DSP regarding upcoming events, fundraisers and programs?

Yes / No

Are you or anyone in your family interested in volunteering with DSP? Yes / No

If Yes, please check off what you are interested in:

___ Fundraising ___ Awareness / Education ___ Programming ___ Board of Directors

___ Board Sub Committees

Signature: _____

Date: _____

Note: If multiple individuals in your family wish to each have a vote in DSP's General Meetings then each individual wanting a vote must purchase a separate membership.

