



MEMBERSHIP FORM www.ldsa.ca

LONDON DOWN SYNDROME ASSOCIATION

1129 Gladstone Drive

Belmont, Ontario NOL 1B0

Tel: (519) 644-1867 E-Mail: president@ldsa.ca

Non Profit Charitable Organization# BN 86694 2493 RR 0001

New Membership Renewal

| | |
|---|------------------|
| First name/Organization: | Last name: |
| Mailing Address: | City: |
| Postal/Zip Code: | Telephone no.: |
| Relationship to child or organization name: | Internet E-mail: |

| Child's Name with Down Syndrome | Gender | Age | Birthdate (M/D/Y) |
|---------------------------------|--------|-----|-------------------|
| | | | |
| | | | |

INTERESTED IN VOLUNTEERING? YES NO

If yes, please complete and submit a Volunteer Form

MEMBERSHIP FEE

LDSA *Membership and Newsletter* \$10.00 per year, due Jan. 1st (cheque payable to LDSA)

Other \$ _____

NEWSLETTER CONSENT (CHECK THOSE THAT APPLY)

Yes No Announce your names as new members?

Yes No Announce your child(rens) name, age, and birthday?

CONTACT

Yes No Will you allow telephone contact from other members?

Yes No Would you like to be contacted by internet e-mail? Please note that your email address will not be shared without your consent.

How did you hear about the London Down Syndrome Association?

What services would you like to see the London Down Syndrome Association provide?

We welcome your comments:

Date

Signature

'ACCOMPLISHMENTS ARE AWESOME'



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I/WE _____
(Print Your Name Here)

Being the parent(s) and/or legal guardian(s) of _____
(Print Name of Child)

HEREBY CONSENT TO The London Down Syndrome Association and its agents, to take, exhibit or publish still photographs, motion pictures, videos, television, interviews and sound recordings now or in the future for the following reasons:

YES NO

Group Photographs for personal and public relations purposes.

Individual Photographs for personal and public relations purposes.

**Public Relations purposes may include any communication media, web site, newsletter, or newspaper.

Please indicate your consent by checking the appropriate box/spot above. Refusal will not affect your participation in events sponsored by the London Down Syndrome Association. This consent may be terminated at any time by the undersigned submitting a written request to The London Down Syndrome Association at 1129 Gladstone Drive, RR2, Belmont, Ontario NOL 1B0.

I/WE DECLARE that I have read this consent for photographs, moving pictures, video, television, interviews and sound recordings, or it has been read and explained to me, and that I fully understand it and consent.

DATE

SIGNATURE of Parent/Guardian

WITNESS

'ACCOMPLISHMENTS ARE AWESOME'