



2019 Membership Application

Alaska Down Syndrome Network
PO Box 241886, Anchorage, AK 99524-1886 (907) 677-6677

Name of Individual w/ Down Syndrome: _____ DOB: _____

Parent/Guardian Name(s): _____ Home Ph: _____

Address: _____ Other Ph Contact: _____

City, State: _____ Zip Code: _____

Family Occupations/ Interests: _____

Siblings (at home): _____

E-mail address: _____

Type of Membership: New Renewal

A **membership directory** is published and mailed to members biannually. Do you wish to be included in the directory?

YES, include my name.

NO, do not include my name.

Would you like to receive occasional social event reminders and/or important news via a **phone** call?

YES, include me in the phone tree.

NO, I do not want to receive phone calls.

Internet and Newsletter Publishing Consent: I consent that my child's picture or mine may be published on a web page or in a newsletter produced by the Alaska Chapter National Down Syndrome Congress. Any caption will contain only the first name of those in the picture. No home address or phone number will appear with the picture. ___Grant ___Deny

ANNUAL MEMBERSHIP is \$25; the fee can be waived if it is a hardship. Make checks payable to **AK Chapter NDSC**.

Receipts sent on request.

_____ \$25 enclosed _____ Check _____ Cash

_____ Please waive fee _____ Additional donation

Consider giving a gift membership to other family members, teachers or other professionals.

Please provide their names and addresses here: _____

Please share your suggestions for chapter activities, lecture topics (including speakers), support, or other topics that you would like to see the chapter provide: _____

Signature of Member/Parent/Guardian

Date

FOR OFFICE USE ONLY

20____20____

20____20____

NP Packet

NM Packet

Grant Application

Library List

Directory