



2009 Membership/Renewal Information Form

Date:	
Name(s):	
Address:	
City:	Postal Code:
Phone #: ()	E-mail:
Name of child with Down syndrome:	Birth Date: (day/month/year)
Names of other children:	Birth Date: (day/month/year)

In accordance with the Canada Privacy Act, please answer the following question:

Can the information herein be made available to our members for support and/or networking purposes (ex. Membership list)? YES _____ NO _____

NOTE: Your information will not knowingly ever be given out to any other organization for solicitation purposes.

Which school board do you support? Catholic _____ Public _____

School attended by your child with Down syndrome: _____

The success of any volunteer support organization is a direct result of the efforts put forth by all the members.

Are you interested in volunteering to help the WRDSS in organizing social, fundraising or educational events in 2009?
YES _____ NO _____

Would you like to get involved as a member of the Board of Directors?
YES _____ NO _____

