



2010 WRDSS Membership/Renewal Information Form

Date:		WRDSS Member Number	
Parent(s)/Guardians:			
First Name:		Last Name:	
First Name:		Last Name:	
Contact Information:			
Address:			
City:		Postal Code:	
Email:		Home Phone #	()
Work Phone#	()	Cell Phone #	()
Name of child(ren) with Down syndrome:	Birth Date: (day/month/year)	Gender (M or F)	
Names of other children:	Birth Date: (day/month/year)	Gender (M or F)	

SCHOOL BOARD/ DAYCARE INFORMATION:

Which school board do you support?
 Catholic _____ Public _____ Home School _____
 School/Daycare attended by your child with Down syndrome: _____

PRIVACY ACT

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.

VOLUNTEERING

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 to organize social, fundraising or educational events?
 YES _____ NO _____

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

2010 Membership/Renewal Information Form

PHOTO CONSENT

I hereby consent to the use by The Waterloo Down syndrome Society ("WRDSS") of the picture(s) of any or all of the people listed on this form for the following purposes:

To use the pictures for the specific purpose for publication in an issue of the WRDSS newsletter, or for use on the WRDSS website, or any of the above.

I consent to the use by WRDSS of all or any part of the likeness of myself or the person on whose behalf I have given this consent, and to such alteration or enhancement of the image that is needed, provided that the essential appearance of this person or myself is unaltered.

Signature: _____

MEMBERSHIP TYPE (Please circle choice)

Family Membership - Waterloo Regional Down Syndrome Society (WRDSS) \$20.00
(Families with a member who has Down syndrome)

Extended Family Membership - Waterloo Regional Down Syndrome Society (WRDSS) \$20.00
Extended Family (Grandparent, Cousin, etc) _____ Caregiver _____

Associate Membership - Waterloo Regional Down Syndrome Society (WRDSS) \$20.00
Therapist _____ Medical Professional _____ Associate _____ Association _____
Educational _____ Service Provider _____ Business _____ Buddy Choir _____

OR

Joint WRDSS / CDSS (Canadian Down Syndrome Society) Membership \$40.00

Donation to WRDSS (tax receipt will be issued) \$ _____
Charity # 89198-1441-RR0001

TOTAL \$ _____

Make cheques payable to:

Waterloo Regional Down Syndrome Society

Mail application, with remittance to:

WRDSS - Membership Applications
658 Erb Street West
PO Box 22008
Waterloo, ON N2T 2Z0

Thank you for your interest and support
2010

For more information please call (519) 896-4488
or visit www.wrdss.ca