



# 2012 WRDSS Membership/Renewal Information Form

Date:	WRDSS Member Number
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### Parent(s)/Guardians:

First Name:	Last Name:
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First Name:	Last Name:
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### Contact Information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City:	Postal Code:
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Email:	Home Phone #
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Work Phone#	Cell Phone #
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Name of child(ren) with Down syndrome:	Birth Date:	Gender (M or F)
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Names of other children:	Birth Date:	Gender (M or F)
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### 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 \_\_\_\_\_

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## 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, WRDSS website, promotion of WRDSS activities, fundraising 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

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

**OR**

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

**OR**

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

### **PLUS, YOU MAY ADD**

**CDSS (Canadian Down Syndrome Society) Membership** \$20.00

**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 RPO Ira Needles  
Waterloo, ON N2T 0A2

Thank you for your interest and support  
2012

For more information please call (519) 896-4488  
or visit [www.wrdss.ca](http://www.wrdss.ca)