



Down Syndrome Association of Houston
 7015 W. Tidwell • Suite 108, Bldg. G • Houston, Texas • 77092
 Ph: (713) 682-7237 Fx: (713) 996-9290 www.dsah.org

MEMBERSHIP FORM

Joining for the first time Renewing my membership Updating my information

Part I: Your Information

Member ID #: _____

Name: _____ Date: _____
 Spouse's Name or Business (if applicable): _____
 Address: _____
 Phone Number: _____
 E-mail Address: _____

Part II: Your connection to Down Syndrome

What is the name of the person you know has Down Syndrome? _____
 What is your relationship to this person? _____
 Date of Birth: _____ Gender: _____

Part III: Membership Options

SELECT	MEMBERSHIP LEVES	ANNUAL LEVEL OF GIVING	MEMBERSHIP GIFT (Optional)
_____	Member (Individual/Family)	\$20	___ Yes ___ No
_____	Gold Member (Agency/Business)	\$50	___ Yes ___ No
_____	Friend of DSAH	\$100	___ Yes ___ No
_____	Partner of DSAH	\$250	___ Yes ___ No
_____	Patron of DSAH	Over \$250	___ Yes ___ No

I am not able to contribute at this time but I will like to receive the Newsletter

Part IV: Final Information

Do you wish to be listed in the DSAH Membership Directory? Yes ___ No ___
 I would like to purchase the 2009 DSAH Calendar(s) @ \$10 each
 (Please add \$2.00 for postage per calendar) How Many? _____
 Please send me a newsletter: by mail ___ by email ___ both ___ no thanks ___

DSAH holds several events where pictures are taken. It is possible your child or family will be in the photographs. We are asking your permission to possibly use the photo in local publicity releases, newspaper articles, websites, television and/or video, our newsletter and our brochure. If you do, or do not, want your child's picture or name to be used, indicate your desire below. Authorization to use event photos? No ___ Yes ___ If yes: Initial Here: _____

Total Amount Enclosed: (membership, donations and calendars) \$ _____

Please make checks payable to DSAH, and mail with this completed form to the address above. DSAH is a 501c(3) non-profit group, and your membership/donation is tax deductible. Please remember to apply for matching funds if available through your employer.

We appreciate your comments, for additional space please use the back.

For Office use only: Processed By: _____ Letter and Gift sent on: _____ Contacts by: _____
 Form of payment: Cash: \$ _____ Check #: _____ Credit: Visa ___ MC ___ Last 4 digits: _____