



# DSAH MEMBERSHIP FORM

## Down Syndrome Association of Houston

7015 W. Tidwell \* Suite 108 \* Bldg. G \* Houston, TX 77092 \* www.dsah.org

Phone 713-682-7237

Para Español 713-382-4134

### **Part I: Your Information**

Name:		Date:	
Spouse's Name <u>or</u> Business (if applicable):			
Street Address:			
City / State / Zip:		Phone:	
E-mail Address:		Alternate Phone:	

### **Part II: Your Connection to Down Syndrome**

What is the name of the person you know who has Down syndrome?	
What is your relationship to this person?	
Date of Birth: <i>(For age related event invitations and information)</i>	Gender:
<input type="checkbox"/> I am an individual interested in the development and well-being of persons with Down syndrome	Field / Profession:

### **Part III: Membership Renewal Options**

Select	Membership Level	Annual Level of Giving	Membership Gift
<input type="checkbox"/>	Member (Individual / Family)	\$20	Decal
<input type="checkbox"/>	Gold Member (Agency / Business)	\$50	Decal & Pen
<input type="checkbox"/>	Friend of DSAH	\$100	DSAH Calendar & Pen
<input type="checkbox"/>	Partner of DSAH	\$250	DSAH Pen & Tote Bag
<input type="checkbox"/>	Patron of DSAH	Over \$250	DSAH Pen, Tote Bag & Cap

*I am not able to send a contribution at this time but I would like to receive the newsletter.*

### **Part IV: Final information**

Do you wish to be listed in the DSAH Membership Directory?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Please mail me the 2008 DSAH Calendar(s) @ \$10 each <i>(Please add \$2.00 for postage per calendar)</i>		How Many?	
Please send me a newsletter: by mail <input type="checkbox"/> by email <input type="checkbox"/> both <input type="checkbox"/> no thanks <input type="checkbox"/>			
Total Amount Enclosed: (membership, donations and calendars) \$ _____			

**Please make checks payable to DSAH, and mail with this completed form to:  
DSAH, 7015 W. Tidwell Suite 108 Bldg G Houston, TX 77092.**

*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.*

## DSAHA Membership Survey

Thank you for taking a moment to share your thoughts!

What programs or services do you enjoy?

- Monthly meetings
- Monthly newsletter
- Social events (i.e., Gathering of Friends Festival, Summer Pool Party, etc)
- Camps
- Mentoring program (one-on-one contact with another DS family to share Knowledge and experience in raising a child with Down syndrome)
- Others \_\_\_\_\_

What programs or services would you like the DSAHA to look into providing?

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What areas do you feel we should concentrate on improving? Any suggestions on improvement are welcome.

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Is there an event or service that you would like to help create or volunteer to help with?

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Any additional comments or suggestions?

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Thank you so much for your input. If you wish to remain anonymous please complete the online survey at [www.dsah.net](http://www.dsah.net).