

2017 Membership Form Edmonton Down Syndrome Society

Charitable Registration Number: BN 89979-9753 RR0001 9139 39 Ave Edmonton, Alberta T6E 5Y2

www.edss.ca contact@edss.ca 780.944.4224

Dear EDSS Family:

We welcome your participation in the EDSS and thank you for your ongoing support. Please complete the membership form to ensure your contact information is up to date.

Name:	Address	5:		
City/Town:	_Postal Code:	Τε	elephone:	
E-mail:	Facebook ι	_ Facebook user name:		
Name of family member born with Down syndrome:				
Child's Birth date:	(Optiona	al, but used	to direct age specific mail outs)	
*Membership Fee, January to December; (\$40.00):				
I hereby give permission for my name, my child's name (with Down syndrome) and age, phone number, and e-mail address to be included on the EDSS members' list. (This information will be used exclusively by EDSS members to assist member networking and will not be shared with any external agency.) Further, I agree to release my name, address and e-mail address to be forwarded to the CDSS to receive joint membership.				
Please check here if you agre	e:	disagree	: 🔲	

Your EDSS membership will include:

- Access to all programs within the EDSS, such as: subsidized speech therapy, access to Family Support Liaison, networking opportunities for families, Learning sessions with guest speakers, play and activity groups for all ages of children/adults, regular e-mail communication, familyoriented social events... and more!
- Joint membership with the Canadian Down Syndrome Society (CDSS) which includes a subscription to their newsletter (e-mailed) and a vote at the CDSS AGM.
- If you are interested in joining the EDSS Members only Facebook Page, please include your Facebook user name.

Thank you for your continued support!