



Membership Registration Form 2022

Edmonton Down Syndrome Society

Charitable Registration Number: BN 89979-9753 RR0001

9139 39 Avenue NW, Edmonton, AB T6E 5Y2

Date: _____

First Name of Family Member with Down syndrome: _____

Last Name of Family Member with Down syndrome: _____

Date of Birth: _____

Male: _____ Female: _____

_____ **Family Annual Membership** (January to December) \$40.00

_____ **First Year Membership** (first year of membership free, 0 – 12 months)

_____ **Self-Advocate Yearly Membership** (for Self-Advocates 18 years and older) \$5.00

_____ **Associate Annual Membership** (January to December) \$40.00

Parents / Guardians _____

Address: _____

City, Prov: _____ Postal Code: _____

E-mail: _____ Additional E-mail: _____

Phone Numbers: _____ Phone Numbers: _____

To connect our diverse membership, it is helpful to find others who speak a language you are familiar with. Please list all languages you speak so that we may contact you for peer-to-peer support.

Languages Spoken: _____

If the member with Down syndrome lives separately, please provide contact information:

Caregiver: _____

Phone: _____

E-mail: _____

- I hereby grant the Edmonton Down Syndrome Society permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.
- As per the Canadian Anti-Spam Legislation and General Data Protection Regulation (GDPR), I am providing my Express Consent to being added to a mailing list for EDSS member information. I understand that my consent may be withdrawn at any time by emailing contact@edss.ca

*If your EDSS membership is for a person born with Ds, they will have access to programs such as: Speech Therapy, Occupational Therapy, Behaviour Therapist, Physiotherapy, Literacy, and Musical Theatre, (all subsidized), social activity and speech programs for all ages, and baby-toddler drop in.