



Membership Registration Form 2024
Edmonton Down Syndrome Society
 Charitable Registration Number: BN 899799753-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:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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 I understand that my consent may be withdrawn at any time by emailing contact@edss.ca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.