

Membership Form 2026



9139 39 Ave NW
Edmonton, AB T6E 5Y2

Charity Registration Number
BN 89979 9753 RR0001

Date _____

Name of Family Member with Down syndrome First _____ Last _____			
Date of Birth _____	Gender _____		
<input type="radio"/> Family <ul style="list-style-type: none">• Membership to EDSS for the member with DS and their families giving access to register for professional services, programs and communications.• Access to the EDSS Resource Lending Library.• Private members only Facebook page• Exclusive events and learning sessions Cost \$40	<input type="radio"/> 1st Year <ul style="list-style-type: none">• Membership to EDSS as outlined in the Family Membership.• Available to families of children born with Ds within 12 months from date of registration.• Access to Wonder Years workshop Cost Free	<input type="radio"/> Community <ul style="list-style-type: none">• Membership to EDSS allowing access to community events and communications.• Access to the EDSS Resource Lending Library• Exclusive events and learning sessions. Cost \$40	<input type="radio"/> Voting Add-On <ul style="list-style-type: none">• Membership to EDSS allowing access to community events and communications.• Access to the EDSS Resource Lending Library• Exclusive events and learning sessions. Cost \$10
All memberships are eligible for the Voting Add-On and are valid for current calendar year January - December. If you encounter any economic barriers to membership, please reach out to our office for assistance.			

Family Contact Information

Parent/Guardian/Community Member Name		First _____ Last _____
Address:		
City, Prov		Postal Code
Email		Alt Email
Phone		Alt Phone
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 and if we may contact you for peer-to-peer support.		
Languages Spoken		<input type="radio"/> Willing to provide peer support
If the member with Down syndrome lives separately, please provide contact information		
Caregiver		Phone
Email		

*If your EDSS membership is for an individual born with Down syndrome, they will have access to a variety of programs, including but not limited to: subsidized Speech Therapy, Occupational Therapy, Behaviour Therapy, Literacy support, social and sport programs.

<input type="radio"/> I hereby grant the Edmonton Down Syndrome Society permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or consideration.
<input type="radio"/> As per the Canadian Anti-Spam Legislation and General Data Protection Regulation (GDRP), 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 anytime by unsubscribing and/or emailing contact@edss.ca
<input type="radio"/> Add a donation to my membership invoice. \$ _____