

BECOME A MEMBER

Annual Family Membership and Renewal



JOIN: As a member of TVDSA, you will be eligible for scholarships, have the ability to use resources from the TVDSA library, be entitled to vote, and hold office. The dues are \$10 per person or family with one vote per membership.

First & Last Name: _____

Names of additional family members: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (primary): _____ (secondary): _____

Email: _____

Name of child or adult with Down syndrome: _____

Month and Year of birth: _____

Please include me on the following email lists:

(You may change your subscription status at any time.)

e-Newsletter

Buddy Walk

Other Community Events

Lil' Buddies
(0-5 years and their families)

Best Buds
(6-11 years and their families)

Cool Club
(12-17 years and their families)

Adults in Motion (A.I.M.)
(18 years +)

Dads Appreciating Down Syndrome

Mom's Night Out!

I would like an annual family membership - \$10

I want to support TVDSA even more with an additional gift. Please accept my tax-deductible gift of:

\$10 \$20 \$50 \$75 \$100 Other: \$ _____

Total: \$ _____ Please make checks payable to TVDSA and send to: PO Box 1404, Meridian ID 83680-1404

Terms & Conditions:

In consideration of me and/or my minor child being permitted to participate in TVDSA events, I hereby – for myself, my heirs and personal representatives – assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the Treasure Valley Down Syndrome Association, it's officers, affiliates, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I also authorize the use by the Treasure Valley Down Syndrome Association of any photo, film or video taken of me or my minor child at events for any purpose.

I agree to the Terms & Conditions (required) _____
Signature (required) _____ Date _____