

BECOME A MEMBER

Annual Family Membership



TREASURE VALLEY
DOWN SYNDROME
ASSOCIATION

PO Box 1404
Meridian ID 83680-1404
(208) 954-7448
www.idahodownsyndrome.org

First Name: *(multiple names may be filled in)* _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email: _____

Secondary Email: _____

Business/Organization: *(if applicable)* _____

Title: *(if applicable)* _____

Connection to Down syndrome: *(I am:)*

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Self | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Friend | <input type="checkbox"/> Medical Provider |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Educator | <input type="checkbox"/> Other: _____ |

About the individual with Down syndrome:

Name: _____

Gender: Male Female Date of Birth: *(mm/dd/yyyy or mm/dd if you prefer)* _____

How did you hear about TVDSA? _____

I would like an annual family membership - \$10 Membership year runs from May to May. We do not share our membership list.

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, its officers, employees, 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