



**Down Syndrome
Association of Atlanta**

Membership Renewal Application

(Note: Membership is for an entire household.)

Date: _____

Household Greeting (required): _____ This is your household ID. It is what will appear as the “greeting” on the mailing labels used by DSAA to mail info to you; i.e. Williams Family.

Household Address Information: This is the primary address for your household. All information from DSAA will be mailed to this address.

Street Address 1 (required): _____

Street Address 2: (optional): _____

City (required): _____ County (required): _____

State (required): _____ Zip Code (required): _____

Individual Member Information:

Information for the Primary Adult Contact In the household (i.e. Mother or Father)	Information for Another Adult Member Of the Household (i.e. Father or Mother)
First Name (required)	First Name (optional)
Last Name (required)	Last Name (optional)
Email Address (required)	Email Address (optional)
Phone No. (required)	Phone No. (optional)
Employer (optional)	Employer (optional)
Fax No. (optional)	Fax No. (optional)

Membership Renewal Application (continued)

Type of Membership (required):

- _____ DSAA membership renewal; (\$25.00 per year per household)
- _____ DSAA lifetime membership (\$250.00 one time payment per household)
- _____ Sponsor (\$50.00 for your membership and anonymously sponsor another family)
- _____ I am requesting a full/partial scholarship for membership dues.
- _____ Down Syndrome Specialist (free)
- _____ Other Donation

Personal Information (optional)

Would you like to be contacted by a supporting parent? Yes _____ No _____

Do you have a family member with Down syndrome? _____ Yes _____ No

Name of person with Down syndrome: _____

His/Her relationship to applicant: _____ His/Her birth date: _____

(Note: This is your annual DSAA membership renewal date for your household.)

Name of siblings and ages: _____

Community Information (optional)

Are you interested in a networking group near you? Yes _____ No _____

May we publish your family information in a private directory for DSAA members? Yes _____ No _____

Are there any activities/topics of particular interest to you? _____

Additional Comments _____

**Make checks payable to DSAA and mail to: DSAA, 4355 J Cobb Parkway #213, Atlanta, GA 30339,
(404) 320-3233, www.AtlantaDSAA.org**
