



EPDSC* MEMBERSHIP APPLICATION

P.O. Box 60 • 6900 Hamilton Blvd. • Trexlertown, PA 18087
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By joining our membership you will be receiving a quarterly newsletter, access to all resources at our Center, a discounted rate for conferences and workshops, participation at family centered social events. As a member you have a voice in the direction of the Center's future. The fee is \$20.00 (twenty dollars) for a one year membership. Membership is valid for one year starting on the date payment is received. Joining is as simple as completing this form and remitting with a check made payable to EPDSC or it can be electronically completed and payment made via PayPal at www.epdsc.net.

Thank you for your support and Welcome!!

Name _____ Date _____

Spouse's Name _____

Street Address _____

City, County _____ State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Please check those that apply to you:

- New Individual/Family Membership (\$20)
- Renewal of Annual Membership (\$20) Expiration date _____
- Check enclosed
- I would like to make a gift of \$_____ to the EPDSC

What is your relationship to a person with Down syndrome?

- Parent Sibling Friend Other _____

Year of birth for person with Down syndrome: _____ Sex: Male Female

How would you prefer to receive the quarterly newsletter?

- US Postal Service Electronically Both

**The Eastern Pennsylvania Down Syndrome Center is a non-profit 501(C)3 organization and does not share or sell its membership list.*

FOR ADMINISTRATIVE USE ONLY

Membership _____
(Month/Year)

Renewal Mailed _____