



MEMBERSHIP FORM

Becoming a member of the Eastern Pennsylvania Down Syndrome Center (EPDSC) connects you with a Down syndrome support network, programs for individuals with Down syndrome, and resources for families, community members and professionals. You'll also play an important role in shaping the future of the center as we reach out to membership frequently for feedback and to find out what your needs are.

Please complete the information below, choose your membership package and return this form to theepdsc@gmail.com. Payment can be made via PayPal online at www.epdsc.net or mailed to the address below.

Today's Date : _____

Your Name: _____

Names of Immediate Family Members Included with your membership: _____

Street Address: _____

City, State, and Zip: _____

County: _____

Home #: _____ Cell #: _____

Email address: _____

The following information is **OPTIONAL** and will be kept confidential: It will be used when applying for certain grants:

Race: _____ Household Size: _____ Family Income: \$ _____/Year

Choose the membership level you would like to receive (circle one): Membership Expiration: _____

- Family Membership (\$30)
- Lifetime Membership (\$300)
- Committee Member (\$20)
- Board Member (FREE)
- New & Expecting Parents Program 1st Year member (FREE)
- Community Member (FREE)

I'd like to include a donation of \$ _____ in my membership

If applicable, please tell us about a person in your household with Down syndrome:

Name: _____ Date of Birth: _____ Gender: _____

Your relationship to this individual: _____