

Help for people with Down's Syndrome, parents, carers and professionals in southeastern England Affiliated to the Down's Syndrome Association

APPLICATION FOR MEMBERSHIP

Membership of downsyndrome OK costs £15 per year but is free to current members of the Down's Syndrome Association.

Title: Mr Mrs Miss Ms	Surna	me:
First name:	Spous	se's/Partner's names:
Address:		
		e:
I am: a person with Down's syndrome		
parent(s)	ך 🗌	Date of birth of our child:
other relative(s)		Boy or Girl? Name:
professional	ך 🗌	Please give details, including name of
other	<u> </u>	organisation if applicable

I/We wish to become members of downsyndrome OK, a company limited by guarantee, and agree to be bound by its memorandum and articles of association and any rules made thereunder and, in the event of the company being wound up whilst I am/we are members or within one year thereafter, to contribute such amount, not exceeding one pound (£1.00), as may be required.

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I/We enclose subscription of £15				
I am/We are member(s) of the DSA, number:				
I/We wish to join the DSA, signed form attached				
Signature:	Date:	 	 	201
After completion, please return to:				

Membership Secretary, c/o 9 St. James Road, Carshalton, SM5 2DT

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