



2016 MEMBERSHIP APPLICATION

Application is also available online at www.ardownsyndrome.org

Registration deadline to guarantee a lunch and t-shirt is February 8, 2016.

Thank you for your interest in becoming a member of the Arkansas Down Syndrome Association (ADSA)! Whether applying for the first time or renewing for another year, we look forward to serving your family to the best of our ability and giving you new opportunities to serve to the best of yours!

The ADSA strives to be a leading voice for the interests of people with Down syndrome and their families in Central Arkansas, as well as a comprehensive resource to local and regional Down syndrome groups in the state.

By joining the ADSA you take a rewarding step in partnering with us to achieve our vision. Members of the ADSA are not merely spectators or supporters of our organization; but rather true contributors and champions for Down syndrome interests in Arkansas.

ADSA Membership (\$25)* consists of persons with Down syndrome and their households, as well as immediate family members who live in Arkansas. Extended family members, friends, and professionals who have been touched by a person with Down syndrome are also encouraged to join. Membership benefits include: special discounts on events, opportunities to serve on association committees and teams, eligibility for special scholarships, subscription to the ADSA newsletter, and other benefits as delegated and/or made available throughout the year.

* Those who want to become a **lifetime member** may pay a one-time membership fee of \$250.

Expectant parents and households of babies with Down syndrome who are one year or younger may receive one year of free membership.

Membership fee waivers are granted due to financial need and upon request.



COMPLETED FORMS & CHECKS MAY BE MAILED TO:

Arkansas Down Syndrome Association
Attn: Membership Applications
PO Box 55675
Little Rock, Arkansas 72215

Have questions? Please feel free to call us at: 501-223-3696, or by e-mail at contact@ardownsyndrome.org

Name (*INDIVIDUAL OR BUSINESS*): _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

- I want to apply for ADSA membership I want to renew my ADSA membership.
- In lieu of membership for this year, I would like to make a one-time donation of _____.
- In addition to membership, I would like to make a one-time donation of _____.

Do you (or does someone in your home) have Down syndrome?

- I am a person with Down syndrome.

Name and D.O.B. of person with Down syndrome in household:

Names and Relations of persons in household:

- I am an expectant parent or new parent of a baby with Down syndrome and wish to receive one year of free membership.

Are you a family member of someone with Down syndrome not in your home?

Name of relative with Down syndrome:

I represent a business, center, or non-profit organization.

Name of representative:

Are you interested in serving on an association committee or team and would you like to receive more information about how to volunteer your time?

Yes, my interests / talents include:
