

MEMBERSHIP FORM 2025

Serving Acadiana families since 2004

Last Name:	First Name:		Spouse:		
Mailing Address:					
City:		State:		Zip:	
Primary Cell Phone Number:		Secondary Cell Phone Number:			
Primary Email Address:		Secondary Email Address:			
Connection to Down syndrome:					
Parent Grandparent Sibling Self Friend					
Therapist Medical Provider Educator Other:					
Individual with Down syndrome:					
Last Name:		First Name:			
Date of birth:	Female Male				
School/Place of Employment:					
Siblings:					
Lives with:					
Annual membership fee is	\$25.00 pe	r househ	old.		

Individuals with Down syndrome & their immediate family receive a complimentary first year Membership type: INew Renewal Complimentary first year only	
I would like to support DSAA with an additional tax-deductible donation of: \$10 \$25 \$50 \$10 Other	

Photo Release/Waiver: By signing here: _______, I hereby consent to and authorize the use and reproduction of images of myself and my minor child(ren) by DSAA in publications produced by DSAA including, but not limited to, its newsletter, promotional materials and on DSAA's website. DSAA does not include children's name in such materials without the express permission from their parents. I also hereby certify that I am the parent or guardian of the above listed minor(s) and do give consent without reservation to the foregoing on behalf of said minor child(ren) to DSAA. The information collected in the membership form is for DSAA use only and your information will not be provided to any other organization.

Please make checks payable to **DSAA** and return this form with payment to **DSAA**, **P.O. Box 81323**, **Lafayette**, **LA 70598-1323**. DSAA is a 501 (c)3 (non-profit) organization. Contributions in excess of the minimum \$25 membership fee are tax deductible.

You may also complete the forms AND pay online as <u>dsaa.info/get_involved</u>.