



Down Syndrome Association of Houston  
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# Membership Form

Today's Date \_\_\_\_\_  New  Renewal (for 2017)  Update Information

**Annual Dues: \$35 (January - December).** Payable by Check or Cash. Please include Check # \_\_\_\_\_.  
 For Credit Card payments, visit [DSAH.org/membership](http://www.DSAH.org/membership) to submit your membership form.

## PERSON WITH DOWN SYNDROME

<b>Name:</b>		<b>Age:</b>	
<b>Date of Birth:</b>	<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Relationship to Guardian:</b>	<b>School District:</b>		

## PARENT/GUARDIAN'S INFORMATION

<b>Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	<b>Other:</b>
<b>Email:</b>	
<b>Occupation:</b>	<b>Employer:</b>
<b>Spouse/Partner:</b>	<b>Phone:</b>
<b>Spouse/Partner's Occupation:</b>	<b>Spouse/Partner's Employer:</b>

### COMMUNICATION PREFERENCE

Receive "DSA-H TODAY!" Quarterly Newsletter by:

Email \_\_\_\_\_ Mail \_\_\_\_\_

Subscribe to e-Blasts:

Yes \_\_\_\_\_ No \_\_\_\_\_

Language Preference:

English \_\_\_\_\_ Spanish \_\_\_\_\_

Other \_\_\_\_\_

### FAMILY DEMOGRAPHICS (Grant Purposes)

Languages spoken in Home:

\_\_\_\_\_

Ethnicity/Race:

\_\_\_\_\_

I am interested in programs about \_\_\_\_\_

I would like to see programs offered on this side of Houston or this community:

\_\_\_\_\_