



Down Syndrome Association of Houston
7115 W Tidwell, Bldg K Suite 106
Houston, TX 77092
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www.DSAH.org info@DSAH.org

Membership Form

New Member Membership Renewal (for the year 20____) Update Information

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

PERSON WITH DOWN SYNDROME

Name:

Date of Birth:

Gender: Male Female

Relationship to Guardian:

School District:

PARENT/GUARDIAN'S INFORMATION

Name:

Address:

Home Phone:

Cell Phone:

Work Phone:

Other:

Email:

Occupation:

Employer:

Spouse/Partner:

Phone:

Spouse/Partner's Occupation:

Spouse/Partner's Employer:

COMMUNICATION PREFERENCE

Receive "DSAH TODAY!" Newsletter
by:

Mail E-Mail

Subscribe to e-Blasts:

Yes No

Language Preference:

FAMILY DEMOGRAPHICS

of People in Household:

Ethnicity/Race:

Family Income:

Up to \$10,000 \$10,000-\$35,000
 \$35,000-\$80,000 \$80,000-\$175,000
 \$175,000-\$380,000 Over \$380,000