

# CHANDIGARH DOWN SYNDROME SOCIETY

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Surname \_\_\_\_\_

Present Employment/Occupation \_\_\_\_\_ Age/Sex \_\_\_\_\_

Residential Address \_\_\_\_\_

Office Address \_\_\_\_\_

Phone: Residence \_\_\_\_\_ Office : \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Education \_\_\_\_\_

*Please check all that apply:*

- Parent                       Relative                       Educator                       Friend  
 Person with Down syndrome                       Health Care Professional                       Other

*The information below provides data for funding.*

Marital Status:  S  M  D  W      Name of the spouse \_\_\_\_\_

Education \_\_\_\_\_ Age \_\_\_\_\_ Primary Language: \_\_\_\_\_

### **Person with Down syndrome**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Health Problems: \_\_\_\_\_

Lives with:  Parent  Relative  Group Home  Independent

Other: \_\_\_\_\_

### **Support Options:**

- Payment by cheque for Rs. \_\_\_\_\_ Cheque No. \_\_\_\_\_
- Payment by cash \_\_\_\_\_
- Demand Draft of
  - Rs. 500/- for **Fellow Member**Drawn in favour of "Chandigarh Down's Syndrome Society" payable at Chandigarh.
  - a) Bank Name \_\_\_\_\_ b) DD No. \_\_\_\_\_
- I will donate later
- I would collect the donation from others
- I cannot contribute,
- I would volunteer my services

Waiver: in consideration of me and/or my minor child being permitted to participate as a member of the Chandigarh Down Syndrome society, I hereby -- for myself, my heirs and personal representatives -- assume any and all risks which might be associated with membership participation. I further waive, release, discharge and covenant not to sue the Down Syndrome Society, its officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself, accompanying persons and/or my minor child or children as a result of taking part in CDSS events and any related activities. I also authorize the use by CDSS of any photo, film or videotape taken of me or any minor child at any CDSS event for any purpose.

*Privacy: We value the privacy of our members. We promise that this information will only be used to serve you. We will not disclose the information with-out your express permission.*

### **Enrolled as:-**

- Fellow Member

Sign. ....

Date.....