



Membership Renewal Form 2007

Please fill in all the information and return with your membership fee.

Cheques are made payable to Ups and Downs and should be mailed to Box 61180, Kensington RPO, Calgary, AB T2N 4S6

Last Name: _____ Mr./Mrs./Ms. _____
 Member(s) Name(s): _____
 Street: _____ City: _____ Prov: _____
 Postal Code: _____ Country: _____ Phone: _____
 Fax: _____ E-mail: _____

CHILDREN

First Name	Birthdate	Male/Female	Down syndrome?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP

Ups and Downs Fee \$20 _____
 CDSS Membership Fee \$15 _____
 Donation: _____
(Tax receipt provided for donations over \$10.00)
 Total Enclosed: _____

CODE	TYPE
F	Family
P	Professional/Organization
NE	Newsletter Exchange
A	Adult with Down syndrome (free)
<input type="checkbox"/>	I cannot afford my membership this year. Please consider us for a complimentary membership this year.

VOLUNTEER OPPORTUNITIES

Awareness Week Visiting Parents Fundraising Conferences/Seminars
 Team Activities Street Meet Casinos Social Events Phone Out
 Executive Position (please specify) _____

Do you have any special skills or are you in an occupation that could be of use to Ups and Downs, that you are willing and able to use?

Do you speak another language besides English and would you be willing to work as an interpreter. _____

Do you give Ups and Downs permission to send you bulk e-mails with respect to electronic newsletters? Y/N

Kids up front tickets? Y/N Announcements/Bulletins/volunteer recruitment Y/N

Do you give Ups and Downs permission to publish you name, phone number and city quadrant on a list available only to members? Y/N