



2012 Membership Form



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

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

MEMBER INFORMATION

First Name(s): _____ Last Name: _____

Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Phone: _____ Cell: _____

Email: _____ Email 2: _____

For family memberships, please indicate the number of family members registering for membership: _____

CHILDREN

First Name	Birthday mmm-dd-yy	Male/Female	Down syndrome?
_____	_____	M / F	No / Yes
_____	_____	M / F	No / Yes
_____	_____	M / F	No / Yes
_____	_____	M / F	No / Yes
_____	_____	M / F	No / Yes
_____	_____	M / F	No / Yes

OTHER INFORMATION

From time to time we like to keep members informed using e-mail. Do you give permission for Ups and Downs to e-mail you in regards to newsletters, announcements and bulletins? Yes / No

We also on occasion get tickets to various events around Calgary from Kids Up Front. These tickets are given to us in order to allow kids to attend the event. Are you interested in receiving tickets for an event? Yes/ No

Volunteers within our organization truly allow us to provide all the services we do. Some of our volunteer opportunities require as little as 4 hours a year. Can we send you information on volunteering with us? Yes/ No

In 2009 Ups and Downs joined the Canadian Down Syndrome Society's (CDSS) Affiliate council. In order for CDSS to get an accurate count of the people they represent, they've asked Ups and Downs to provide the last name, first initial and city for each of our members. By renewing your membership with Ups and Downs you agree to allow our board to pass this information to CDSS. If you do not agree, please check the box and your information will be excluded. I do not want my information included.

MEMBERSHIP

Ups and Downs 2012 Membership Fee: \$25.00

Club 21 Supporters (\$221.00 fully tax receiptable) _____

Donation (Tax receipt provided for donations over \$10): _____

Total Enclosed: _____

Please process my fee by: Cheque Visa/MC

Card number _____ Exp _____

Signature _____

Membership Type	
<input type="checkbox"/>	Family Membership (\$25.00)
<input type="checkbox"/>	Individual Membership (\$25.00)
<input type="checkbox"/>	Professional / Organizational (\$25.00)
<input type="checkbox"/>	Adult with Down syndrome (free)
<input type="checkbox"/>	I cannot afford my membership this year. Please consider me for a complimentary membership this year.