

UPS AND DOWNS - CALGARY DOWN SYNDROME ASSOCIATION MEMBERSHIP RENEWAL FOR 2005

PLEASE FILL IN ALL INFORMATION AND RETURN WITH YOUR MEMBERSHIP FEE,
CHEQUES ARE MADE PAYABLE TO
UPS AND DOWNS AND ARE SENT TO:
811 – 14 Street N.W., Calgary AB T2N 2A4

Last Name: _____ Mr./Mrs./Ms. _____

Member(s) Name(s): _____

Street: _____ City: _____ Prov: _____

Postal Code: _____ Country: _____ Phone #: _____

Fax #: _____ E-Mail: _____

CHILDREN	Birthdate(s)	Male (M) / Female (F)	Down Syndrome?
First Name	YY-MM-DD		Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP

Ups and Downs Fee: \$20.00 _____

Donation (tax receipts given for donations over \$10.00) + _____

TOTAL ENCLOSED: = _____

Membership Type		<input type="checkbox"/>
Code	Type	
F	Family	
P	Professional/ Organization	
NE	Newsletter Exchange	
<p>I am/we are unable to pay for our membership. Please consider us for a complimentary membership this year. <input style="float: right;" type="checkbox"/></p>		

NOTE: Please apply directly to CDSS for membership. Contact them at (403) 270-8500 or you can apply online at www.cdss.ca.

COMMITTEE INVOLVEMENT (O = On the Committee; I = Interested in Joining)

Awareness Week: _____	Visiting Parents: _____	Fund Raising: _____
Conf's / Seminars: _____	Teen Activities: _____	Street Meets: _____
Casinos: _____	Social Events: _____	Phone Out: _____

Executive Position (please specify, i.e. Treasurer): _____

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 help as an interpreter? _____

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