

# DSACF MEMBERSHIP FORM

Please make all checks payable to DSACF and mail to:

DSACF  
204 N Wymore Rd  
Winter Park, FL 32789  
407-478-5621

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ County : \_\_\_\_\_

Email: \_\_\_\_\_

*Please check all that apply:*

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

*The information below provides data for funding.*

Marital Status:  S  M  D  W  
Gender:  M  F Primary Language: \_\_\_\_\_  
Ethnicity: Cauc. Afr.Amer. Hisp. Other: \_\_\_\_\_  
Education: HS BA MA PHD MD

*Person with Down syndrome*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Lives with: Parent Relative Group Home Independent

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

Special Needs Trust established:  Yes  No  Need information

*Support Options:*  Enclosed is my check to DSACF for:  \$20

\$50  \$100  \$250  \$500  \$1,000  \$Other \_\_\_\_\_

I will donate online at [www.dsacf.org](http://www.dsacf.org)

I would consider a bequest to the DSACF in my estate planning.

I cannot contribute, please put on newsletter mailing list.

Do not send newsletter.

## Benefits for Members

By joining with other DSACF members (we have almost 600 families with a loved one here in Central Florida), you receive:

1. Immediate and up-to-date access to the latest information and events.
2. A New Parent Information Packet and Babies with Down Syndrome book ( a value of \$16.95)
3. Parent mentor support, upon request
4. Free subscription to our quarterly newsletter DownTown as well as e-alerts
5. Discounts for most workshops and events
6. Financial scholarship opportunities for members only for educational evaluations, supplemental therapies, and emergency support
7. Access to our many free activities such as playgroups, teen social activities, holiday party, etc.
8. Free family Universal Studios trips, including personal meet and greet with some of your child's favorite characters
9. An evening at Cirque du Soleil La Nouba (for one guardian and individual with Down syndrome, 9 years old and up)
10. Free educational consultations or support at individualized education plan (IEP) meetings

Waiver: in consideration of me and/or my minor child being permitted to participate as a member of the Down Syndrome Association of Central Florida (DSACF), 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 Association of Central Florida, its officers, board members, 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 DSACF events and any related activities. I also authorize the use by DSACF of any photo, film or videotape taken of me or any minor child at any DSACF 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 without your express permission.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_