

P.O. Box 8025, Station T Ottawa ON K1G 3H6 (613) 737-0658 www.dsancr.com

New membership application	yes □	no 🗆	
Membership type	individual E	] family □	corporation $\square$
Name of member :			
Address :			
Province :			
Postal code :			
Phone number :			
Email :			
Association, organisation or corporation (if applicable):			
For family members	hips :		
Name of family member with Down syndrome :			
Date of birth :			
Relationship:			
Do you want to receive your newslo	etter:		
By mail □ By email □	Both by mai	l and email 🛚	
The DSA-NCR offers a one-year free membership to all its new members. Membership is also free for adults with Down syndrome.			
Free first year  Adult with D	own syndrom	е 🛘	
1 year (\$20) □ 2 years (\$40)	□ 3 yea	ars (\$60) 🛚	
Donation (tax receipt issued for amounts of \$15 or more)			
		Total :	

Please make cheques payable to DSA-NCR and mail to address above.