



Friends of Down Syndrome

Membership Application

Join our list to stay up to date on FoDS news.

Name _____ Female _____ Male _____ Date _____

Address _____

Home Phone _____ Mobile Phone _____

Email _____ Join E-news Yes No

Employer _____ Occupation _____

Spouse/Partner Name _____ Female _____ Male _____

Spouse/Partner Phone _____ Spouse/Partner Mobile _____

Spouse/Partner Employer _____ Spouse/Partner Occupation _____

Spouse Email _____ Join E-news Yes No

Employer _____ Occupation _____

Preferred Language _____

How did you hear about Friends of Down Syndrome? Check all that apply.

- School
- Hospital
- Doctor
- Event booth
- Radio
- Social Media/Facebook
- HCS Agency (name) _____
- Friend _____
- Family _____
- Other _____

For grant writing purposes, please fill in the following.

Race/Ethnicity

- Native American
- Asian
- Black or African American
- Hispanic or Latino
- White
- Other _____

Income

- Up to \$10,000
- \$10,001-\$35,000
- \$35,001-\$80,000
- \$80,001-\$175,000
- \$175,001-\$250,000
- Over \$250,000

What is your connection to Down syndrome? Name of the person who has Down syndrome (Ds)

Name of Person with Ds _____ Female _____ Male _____ Age _____

Your relationship to the person with Ds _____

FoDS has permission to take pictures and publish photos of the person with Down syndrome and his/her family in any manner connected with Friends of Down Syndrome (newsletter, website, social media, etc.) Yes No Initials _____

Return Application to Friends of Down Syndrome, 5200 Mitchelldale, Suite D4, Houston, TX 77092. You may fax to 1-866-566-9530. Scans may be emailed to president@friendsofdownsyndrome.org.