

# Montgomery Area Down Syndrome Outreach Group

## MEMBERSHIP FORM

### Member Information:

(Please check) Parent \_\_\_ Family \_\_\_ (relation: \_\_\_\_\_) Friend \_\_\_ Professional \_\_\_

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

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

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

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Family Information:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Full Name of Child with DS: \_\_\_\_\_ DOB: \_\_\_\_\_

Sibling/s: Name \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

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

**\$20.00 Membership Fee (Individual/Family within the same household) is due\* annually on January 31<sup>st</sup> for each fiscal year (January- December).**

*\*To qualify for the benefits of membership for the fiscal year, the membership fee is required to be paid by the annual due date of January 31<sup>st</sup> each fiscal year. Exception for membership paid after date for new families/ new parents of a child with DS for initial year of membership.*

Please send membership form and check payable to the Montgomery Area Down Syndrome Outreach Group (or MADSOG) to:

**MADSOG  
P.O. Box 230571  
Montgomery, AL 36123**

To be completed by MADSOG Treasurer:

Total Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received/Postmark Date: \_\_\_\_\_