

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 31st 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 31st 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: _____