



New Members Application Form
ORDINARY MEMBERSHIP FORM

Name of Person with Down Syndrome: _____

Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Email Address: _____

If you wish to add your name to the Branch TEXT ALERT system please give your mobile number(s) below (max 2 per family)

Contact No's: 1. Name: _____ Mobile No.: _____

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School/Workshop Attended by Member: _____

ParentLink Would you like advice from a parent of a child with Down syndrome? Yes/No Would you like more information on our Parentlink programme? Yes/No
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Signed: _____ Date: _____

NOTE: Membership Fee for 2014 is €15 per member or family

Please Tick one of these boxes:

- Cheque enclosed*
- Will Make Payment on-line via the website**
- Will Pay Subscription at the Christmas Party

Return Completed Form, Marked Membership, and Return to;
The Waterford Branch of Down Syndrome Ireland
Edmund Rice International Heritage Centre,
Mount Sion, Barrack Street., Waterford

*Please make cheques payable to Down Syndrome Ireland – Waterford Branch

**If paying online , please ensure that you complete the description field in Paypal with your name and the words "Membership Fee"

Office Use Only: Date Received:

Receipt No: