

Membership Year

(8/1/____ - 7/31/____)

Please fill in the appropriate
Membership year.

(i.e. 8/1/06 - 7/31/07)



MEMBER / RENEWAL APPLICATION

Renewal of membership is due each August

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-Mail Address _____

Individual's Name (with Down syndrome) _____ Birth date _____

Sibling's Name _____ Birth date _____

Sibling's Name _____ Birth date _____

Sibling's Name _____ Birth date _____

Sibling's Name _____ Birth date _____

Sibling's Name _____ Birth date _____

\$15.00 Membership Dues enclosed

Here is my tax deductible donation to CSDSA

I am requesting a \$15 scholarship for my membership dues

I would like to receive my monthly CSDSA newsletter via email (pdf format)

Please mail application and membership dues to :

CSDSA P.O. Box 2364 Colorado Springs CO 80901

CSDSA is a non-profit organization, registered in the State of Colorado, with a 501(c) (3) status.

Please note that the above information will be made available to current members of the CSDSA Board of Directors and CSDSA Committees for use in conducting CSDSA business.

CSDSA use only: Date Received: _____ Check Number: _____