



MEMBER/RENEWAL APPLICATION

Membership Year: 8/1/11 - 7/31/12

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

e-Mail Address(es): _____

I would like to receive my monthly newsletter via e-mail (pdf format)

I would like to be added to the CSDSA listserv

Individual's Name (with DS) _____ Birth date _____

Add to Teen and Young Adult Group (TAYAG) Add to The Adult Group (TAG)

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 membership dues enclosed

Here is my tax deductible donation to CSDSA

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

Please mail application and membership dues to:
CSDSA
PO 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 the CSDSA Committees for use in conducting CSDSA business.

CSDSA Use only: Date Received _____ Check Number: _____