

**FLOWER CITY DOWN SYNDROME NETWORK
MEMBERSHIP APPLICATION**

Date _____

Name: _____

Address: _____

Phone: _____

Email: _____

Do you want to receive all mailings (newsletter, monthly meeting notices, special events) _____ OR Newsletter only _____

If you have a child with Down syndrome what is his/her name and birthdate:

Are you interested in having your child join a Social Group? _____

If you don't have a child with Down syndrome, what is your reason for joining the group?

Would you be able to act as a resource to the FCDSN for any particular Down syndrome related area? _____ What is your area of expertise? _____

Please make your \$25.00 check payable to: Flower City Down Syndrome Network or FCDSN and mail to:

**FCDSN attn: President
1170 Ridge Road #324
Webster, NY 14580**