FLOWER CITY
down syndrome network

Serving the Greater Rochester Area Since 1991
Empowering, Education and Celebrating

2017 FCDSN Membership Application Form

For more information, please refer to the "Terms and Conditions of FCDSN Membership" @ www.fcdsn.com

○ NEW First Time Members Only **(FREE first year)** ○ RENEWAL

*Your **$35 yearly dues** entitle you to: participate in age-appropriate Social Groups and activities, attend Member Appreciation events, eligibility to apply for our various Cash Reimbursement Programs, and more.*

Type of Membership: ☐Individual $35 ☐Family $35 ☐Professional/Organizational $35 ☐First Time (**FREE**)

Name: ____Date: ____________________

Address: _____________________________________ Phone: ____________________

City: ______________________________ State: _____ Zip Code: __________________

Email primary: ____

Email secondary ____

(Please print email address clearly as we will be using this to communicate with you throughout the year)

Name of Person with Down syndrome: ____

Gender: ☐ Male ☐ Female Birth Date: _______________________

Relationship to Applicant:

☐ Son ☐Daughter ☐ Sibling ☐ Grandchild ☐ Self ☐ other:_______________

The following information is optional and will be kept confidential.
It will be used only when applying for certain grants:

Race: __________ Household Size: _______ Family Income: $______________/year

Education Level of Parents: Mother__________ Father ____________

Please Note: Pictures are often taken at FCDSN events that are then shared with our organization. If you prefer that your picture NOT be published, check here: ☐

Please fill out this form completely and mail it with a $35 check made payable to FCDSN, to:

FCDSN Membership, 2117 Buffalo Road #132, Rochester, NY, 14624

Do Not Write In Box Below

Processed by:______________________________ Date: ______________________________

Reply Mailed On: ___________________________ Amount: $____________________________

☐ Cash ☐ Check No.____________ ____________ Verified in Mail Chimp:____________________