Piedmont Down Syndrome Support Network Membership Enrollment Form

As a registered member of PDSSN, you will be able to help share the direction of the PDSSN by being an active participant. You will be eligible for scholarships and other programs. You will be eligible to vote and serve on the Board. You will receive an email copy of the newsletter and will be welcome at all meetings, events and group functions.

Please complete the following for ALL members at your address, including children and parents.

Full name of each family member	**Birthdate of Person with DS: mm/dd/yy**	**Email address(s)**	**Parent**	**Profess-ional**	**Person with DS**	**Sibling**	**Other relative**

Mailing Address:

Street _____ Membership year _____

City _____ State _____ Zip Code_____

Phone Number (home) _____ (cell) _____ (work) _____

Please enroll my family as:	**Circle one**
Registered members of PDSSN	$10.00
Registered members of PDSSN for 6 months	$5.00

Membership is renewable each December

Make check payable to PDSSN

Put "membership" in the memo section

I will help with the Buddy Walk in the following capacity: _____

I will help with the following committee: _____

Return completed membership form & membership fee to: **Helen Johnson, PO Box 91, Pfafftown, NC 27040.**