

Canterbury Down Syndrome Association Inc

Application for Membership

Surname

Mother's Name Father's Name

Address

..... Postcode

Telephone Mobile Mother Mobile Father

Email

Name of individual with Down syndrome

Gender Date of birth

School

Ethnicity

Diagnosis before birth Yes No

Relationship: Type of Down syndrome:

- | | |
|--|--|
| <input type="checkbox"/> You are the person with Down syndrome | <input type="checkbox"/> Trisomy 21 |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Mosaic |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Translocation |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | |

Please would you provide details about any medical conditions/health issues e.g. heart defect, colostomy, vision, hearing – if applicable.

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Would you be interested in helping the association on occasion?

Please tick if you do not want our office to pass this information onto the NZDSA.

Please tick if you are happy for photos to be taken and used by the CDSA.

By providing this information you are agreeing to your details being passed onto the NZDSA where you will be recorded as a Limited Member. You will not be a NZDSA member receiving journals, contact and information until such time as you join the NZDSA via paid membership.

Please return to Canterbury Down Syndrome Association, PO Box 9284, Tower Junction, Christchurch 8149