

Down Syndrome Society of Grant County

Membership Form

Welcome! The purpose of DSSGC, a nonprofit corporation, is to provide opportunities, education, advocacy, and support to individuals with Down syndrome and their families, as well as encouraging public awareness and involvement with the Down syndrome community. We are so excited for you to join our DSSGC family!

Your Name(s) (first and last): _____

You are (circle): Mother Father Sibling Other (Specify): _____

Mailing Address: _____

Email: _____

Home phone: _____ Cell phone(s): _____

Are you interested in volunteering with DSSGC? (circle) YES! No, not at this time.

Please tell us about your family member with Down syndrome:

Name (first and last): _____

Gender: _____ Age: _____ Birthdate: _____

Tell us about him/her: _____

Special Considerations: _____

Tell us about your family: _____

**Mail this completed form to *DSSGC, P.O. BOX 811, Moses Lake, WA 98837*
and receive **FREE** family membership.**

By joining DSSGC, you will be the first to know about all of our events, services, and activities, including the annual DSSGC Columbia Basin Buddy Walk.

(Your information will be kept confidential.)