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| Membership Form 2025 | A close-up of colorful text  Description automatically generated |
| 9139 39 Ave NWEdmonton, AB T6E 5Y2 | Charitable Registration Number BN 89979 9753 RR0001 |

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| First Name of Family Member with Down syndrome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name of Family Member with Down syndrome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⬜ **Family Membership** * Membership to EDSS for the member with DS and their families giving access to register for professional services, programs, and communications.
* Access to the EDSS Resource Lending Library.
* Private members-only Facebook page
* Exclusive events and learning sessions
* Eligible for voting membership add-on
 | ⬜ **First Year Membership** * Membership to EDSS as outlined in the Family Membership.
* Available to families of children born with Ds within 12 months from the date of registration.
* Access to Wonder Years workshop
* Eligible for voting membership add-on
 | ⬜ **Community Membership** * Membership to EDSS allowing access to community events and communications.
* Access to the EDSS Resource Lending Library
* Exclusive events and learning sessions
* Eligible for voting membership add-on
 | ⬜ **Voting Membership** * Add-on to the family, first year or community membership allowing voting on community items at annual AGM.
* Must have purchased a Family, First Year or Community Membership to qualify for this add-on.
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| Cost: $40.00 | Cost: Free | Cost: $40.00 | Cost: $10.00 |
| All memberships are valid for the current calendar year (January – Dec). If you encounter an economic barrier to membership, please reach out to our office for assistance. To qualify for voting at the AGM, membership fees and voting add-on must be paid in full by March 31 of the current year. Any memberships paid after March 31 will qualify for the AGM of the following year.  |

**Contact Information**

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| Parents/Guardian/Community Member Name: |
| Address:  |
| City, Prov:  | Postal Code:  |
| Email:  | Alternative Email:  |
| Phone:  | Alternative Phone |
| To connect our diverse membership, it is helpful to find others who speak a language you are familiar with. Please list all languages you speak and if we may contact you for peer-to-peer support. |
| Languages Spoken:  | Willing to provide peer support: ⬜ Y ⬜ N |
| If the member with Down syndrome lives separately, please provide contact info: |
| Caregiver: | Phone: |
| Email: |  |

\*If your EDSS membership is for an individual born with Down syndrome, they will have access to a variety of programs, including but not limited to: subsidized Speech Therapy, Occupational Therapy, Behaviour Therapy, Physiotherapy, Literacy support, and Musical Theatre. Additionally, we offer social activities and speech programs for all ages, including a baby/toddler drop-in program.

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| ⬜ I hereby grant the Edmonton Down Syndrome Society permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or consideration. |
|  ⬜ As per the Canadian Anti-Spam Legislation and General Data Protection Regulation (GDRP), I am providing my Express Consent to being added to a mailing list for EDSS member information. I understand that my consent may be withdrawn at anytime by unsubscribing and/or emailing contact@edss.ca |