



Down Syndrome Organization of Southern Nevada Membership Application

There is a 25.00 per year, per family dues assessment. This will entitle your family to all mailings, newsletters, socials and services. Please enclose your check or money order with the application and mail to Down Syndrome Organization of Southern Nevada, 5300 Vegas Drive, Las Vegas, NV 89108.

Date _____

Position _____
(Parent, Extended Family, Professional, Newsletter Exchange, Volunteer, Board Director)

Title _____ First Name _____ Last Name _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____ Cell/Pager _____

E-Mail Address _____

Are you bilingual? _____ If so, what language? _____

Would you be willing to offer translation services? _____

Family Information (Please feel free to include pictures)

Individual(s) with Down syndrome:

First Name _____ Last Name _____

Age _____ Birth Date _____

School and/or Program Attending _____ Grade _____

Sibling(s) Name(s)	Age(s)
_____	_____
_____	_____
_____	_____

(Continued)

Other Services/Agencies you currently access (SSI, Medicaid, DRC, P.E.P, etc.)

Can you be contacted by the office or other individuals as a resource for any of these experiences?

- | | |
|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Nutritional Information |
| <input type="checkbox"/> Alternative Medical Approaches | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Camps/Camp Experiences | <input type="checkbox"/> Recreational Programs |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Daycare/Preschool | <input type="checkbox"/> School-Elementary Grades |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> School- Middle Grades |
| <input type="checkbox"/> Doctors | <input type="checkbox"/> School – Secondary Grades |
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> School-Post Secondary |
| <input type="checkbox"/> Inclusion | <input type="checkbox"/> Vitamin Therapy |
| <input type="checkbox"/> Legislative Issues | <input type="checkbox"/> Vocational Issues |
| <input type="checkbox"/> Major Surgeries | <input type="checkbox"/> Other |

Please share with us anything you would like to:



**DOWN SYNDROME ORGANIZATION OF SOUTHERN NEVADA
PUBLICITY PERMIT**

Child's Last Name _____ **First Name**

Dear Parents,

Throughout the year, we are involved in different fund-raising events. We take pictures at these events, and it is possible your child or family will be in the photographs. We are asking your permission to possibly use the photo in local publicity releases, newspaper articles, websites, radio time, television and/or video, our newsletter and our brochure. If you do, or do not, want your child's picture or name to be used in such publicity releases, indicate your desire below.

_____ **I see no objection to my child having his or her picture and/or name used in connection with the Down Syndrome Organization of Southern Nevada.**

_____ **I object to my child having his or her picture and/or name used in connection Down Syndrome Organization of Southern Nevada**

Date _____

Signature of Parent or Guardian

Signature (Both Parents, Please)



I, _____, acting on behalf of myself or my minor child, _____ do expressly and forever waive and release the **Down Syndrome Organization of Southern Nevada (DSOSN)**, all their respective officers, employees, contracted therapists or representatives from any or all liability for personal injuries of damages sustained, incurred, or arising from participation in any Down Syndrome Organization of Southern Nevada activity.

Signature

Date