



PDSSN Membership Enrollment Form

First Year of Membership is Free!

Mail form to: PDSSN, P.O. Box #144, Pfafftown, NC 27040
or complete our online form at pdssn.org/join-us/membership.

Family Information:

First Name

Last Name

Street

City

State

Your Email Address

County

Zip

Best Contact Phone Number

Additional Phone Number

Your Employer

Your Title

Spouse First Name

Spouse Last Name

Spouse Email Address

Spouse Cell Phone

Spouse Employer

Spouse Title

Please indicate your connection with our community:

- Parent of a Child with Ds
- Individual with Ds
- Sibling of an individual with Ds
- Grandparent of an individual with Ds

- Other relative of an individual with Ds
- Friend of individual with Ds
- Professional
- Other

If you have a child with Down syndrome, please share the following info so we can provide activities that will meet the needs and interests of your family:

Name of child with Ds

Birthday (mm/dd/yyyy)

Name of Additional Child

Birthday (mm/dd/yyyy)

Name of Additional Child

Birthday (mm/dd/yyyy)

Name of Additional Child

Birthday (mm/dd/yyyy)

How did you become aware of our organization? Please select ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> Referred by a physician | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Referred by family, friend or colleague | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Searching the internet / PDSSN website | <input type="checkbox"/> Linked In |
| <input type="checkbox"/> Attended an event | <input type="checkbox"/> News article, radio, TV |
| <input type="checkbox"/> Other - Please write in the box to right ==> | |
-

Interests:

How important is it to you to have child care available at events:

- I must have child care provided at PDSSN events in order to attend.
 I sometimes need child care provided at PDSSN events in order to attend.
 I never need child care provided at PDSSN events.

Place a check next to ALL the days of the week when you can usually attend a family gathering, such as educational programs, social events, etc:

- | | |
|---|--|
| <input type="checkbox"/> Monday Evenings | <input type="checkbox"/> Saturday Afternoons |
| <input type="checkbox"/> Tuesday Evenings | <input type="checkbox"/> Saturday Evenings |
| <input type="checkbox"/> Wednesday Evenings | <input type="checkbox"/> Sunday Afternoons |
| <input type="checkbox"/> Thursday Evenings | <input type="checkbox"/> Sunday Evenings |
| <input type="checkbox"/> Friday Evenings | |

Place a check next to ALL the days of the week when you can usually attend a family dinner night out event with other PDSSN families:

- | | |
|---|--|
| <input type="checkbox"/> Monday Evenings | <input type="checkbox"/> Friday Evenings |
| <input type="checkbox"/> Tuesday Evenings | <input type="checkbox"/> Saturday Evenings |
| <input type="checkbox"/> Wednesday Evenings | <input type="checkbox"/> Sunday Evenings |
| <input type="checkbox"/> Thursday Evenings | |

Please indicate how you would like to contribute to PDSSN. Select ALL that apply:

- | | |
|--|--|
| <input type="checkbox"/> Occasional Attendee at Events | <input type="checkbox"/> Occasional Volunteer |
| <input type="checkbox"/> Frequent Attendee at Events | <input type="checkbox"/> Active Volunteer |
| <input type="checkbox"/> PDSSN Board Member | <input type="checkbox"/> Committee Chairperson |

Please indicate if you'd like to be contacted about volunteer opportunities with PDSSN:

- Yes No

Please let us know how we can best meet your needs and interests by indicating ALL the programs you'd be interested in attending:

- | | |
|---|---|
| <input type="checkbox"/> Buddy Walk | <input type="checkbox"/> Ladies Night Out |
| <input type="checkbox"/> Family Social Gatherings | <input type="checkbox"/> D.A.D.S. (Dads Appreciating Ds) |
| <input type="checkbox"/> New Parent Ds Information Meeting | <input type="checkbox"/> Transition Tips |
| <input type="checkbox"/> Playgroup for Children with Ds | <input type="checkbox"/> Next Chapter Book Club |
| <input type="checkbox"/> Social Events for Teens with Ds | <input type="checkbox"/> Sensory Integration Presentation |
| <input type="checkbox"/> Social Events for Adults with Ds | <input type="checkbox"/> Ear Nose Throat Physician Presentation |
| <input type="checkbox"/> Elementary School Options and Info | <input type="checkbox"/> Ophthalmology Physician Presentation |
| <input type="checkbox"/> Middle School Options and Information | <input type="checkbox"/> Sexuality Program |
| <input type="checkbox"/> High School Options and Information | <input type="checkbox"/> Special Needs Trusts |
| <input type="checkbox"/> Post Secondary Program Information | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> IEP Planning | <input type="checkbox"/> Financial & Estate Planning |
| <input type="checkbox"/> KIDS FEST | <input type="checkbox"/> SSI Eligibility and Benefits |
| <input type="checkbox"/> Other - Please write in the box to right ==> | |
-