



National Association for Down Syndrome
 Post Office Box 206, Wilmette, IL 60091
 630-325-9112
 www.nads.org

Membership Form

NATIONAL ASSOCIATION FOR DOWN SYNDROME MEMBERSHIP

(Please Print)

Name.....Phone (.....).....

Address.....

City.....State..... Zip.....

Email Address.....

Are you the parent of an individual with Down syndrome? Yes No

Date of birth of son/daughter with Down syndrome/...../..... Male Female

Check here if this is a membership renewal.

Type of Membership Desired	\$ Amount
<input type="checkbox"/> 1-Year Family Membership	\$25.00
<input type="checkbox"/> 3-Year Family Membership	\$70.00
<input type="checkbox"/> 1-Year NON-U.S. Family Membership	\$35.00*
<input type="checkbox"/> 1-Year Professional Membership.....	\$30.00
<input type="checkbox"/> 3-Year Professional Membership.....	\$85.00
<input type="checkbox"/> 1-Year NON-U.S. Professional Membership	\$45.00*
<input type="checkbox"/> Contributor Membership	\$100+
<input type="checkbox"/> Benefactor Membership	\$500+
<input type="checkbox"/> Patron Membership.....	\$1,000+

Please enclose this completed form and a check payable to: **National Association for Down Syndrome**

And mail to: **NADS**
P.O. BOX 206
Wilmette, IL 60091

* Additional cost covers postage required to mail publications internationally.