

**Down Syndrome
Association
of Minnesota**



Membership Application

Our **basic membership is \$20**. We are certainly open to **larger donations** if this is possible for you. Conversely we know that some folks are on a tight budget and therefore we call your attention to our **"Limited Income"** category from \$0 to \$20 and encourage you to use this category if it fits your needs. We need financial help but first and foremost we want **everyone "included" as a member of our Association!**

We are a non-profit 501(c) 3 organization and most of our funding comes from our memberships, individual donations and fundraisers

Please print this form, fill it out and mail it with your check or money order to
Down Syndrome Association of Minnesota,
656 Transfer Road,
St. Paul, MN 55114.

Print your name(s) and address as you would like them to appear in the Membership Directory. Include spouse's name if appropriate.

Check if you **do not** want inclusion in the Membership Directory

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of person with Down syndrome _____ DOB _____

Relationship to person with Down syndrome _____

TYPE OF MEMBERSHIP

NEW RENEWAL

Corporate Donation.....\$1000.00+ Regular (Individual, Family).....\$20.00

Benefactor.....\$250.00+ Alternative (\$0-19)..... _____

Contributor.....\$100.00+ Additional Donation..... _____