

MEMBERSHIP DATABASE

Please complete the fields listed below (as appropriate) and sign the form where indicated. You are free to provide or withhold any information as desired.

Information provided will be stored on the Down's Syndrome - Derby Membership Database, will be used solely for the purposes of the Group, will be treated as confidential and will not be shared with any third party.

Title(s) _____
 Forename(s) _____
 Surname(s) _____
 Address _____

 Telephone _____
 e-mail (see note below) _____

NOTE – we will ordinarily contact you by e-mail as this helps us to control costs. Please tick this box if you would prefer us to contact you by post.

If appropriate, please list details of your child(ren) - name, date of birth, sex and if they have Down's Syndrome. If there is insufficient space, please use a separate piece of paper.

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Down's Syndrome</u>
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N

Please indicate if you are –

A person with Down's Syndrome	
Parent of a child or young person with Down's Syndrome (-18 years old)	
Parent of an adult with Down's Syndrome (18+ years old)	
Grandparent or other relation of a person with Down's Syndrome or other supporter of the Group	
A health or educational professional with an interest in Down's Syndrome	

Signature(s) _____ Date _____

Please return to Richard & Gaynor Meakin, 39 Codnor Denby Lane, Codnor, RIPLEY, DE5 9SP