

# MEMBERSHIP FORM

(Adults with Down's syndrome)  
Free membership

Title:  Mr  Mrs  Miss  Ms  other



Name: \_\_\_\_\_



Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Do you live with your family or independently? (please tick one)



Family



Independent



Phone Number: \_\_\_\_\_



Email: \_\_\_\_\_



Date of Birth: \_\_\_\_\_



School/College: \_\_\_\_\_



Please send the form back to:

Down's Syndrome Scotland, 158-160 Balgreen Road, Edinburgh, EH11 3AU

## How this information will be used

We would like to send you information that may interest you about Down's Syndrome Scotland. We will also send the magazine to the address given. We will not give your details to anyone outside of Down's Syndrome Scotland, unless we ask you and you say it's ok.

We would like to give your details to your local branch secretary so they can tell you about events and activities. If you **do not** want us to do this, please tick this box.