



Office Use Only:  
Paid: \_\_\_\_\_

DATE: \_\_\_\_\_

***Membership Form (Full) - NL Down Syndrome Society***

P.O. Box 21054 St. John's, NL A1A 5B2 Toll Free: 1-877-738-3336 Local Dial: 738-3336	Website: <a href="http://www.nldss.com">www.nldss.com</a> Email: <a href="mailto:nldss@nl.rogers.com">nldss@nl.rogers.com</a> Facebook: Newfoundland and Labrador Down Syndrome Society
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Joint Membership for Year: 2017:	
Parent/Guardian's Names: _____	
Address: _____	
City/Town: _____	Postal Code: _____
Telephone: _____	E-mail: _____
Child's Name: _____	Birth date: _____

Siblings: Names and Ages (Optional)



### **“SPREADING OUR WINGS” Services Policy**

Recognizing the importance of early intervention and ongoing therapy support to assist individuals with Down syndrome in developing to their fullest potential, and due to the inadequate support from the current health care system, the Newfoundland and Labrador Down Syndrome Society is pleased to offer a variety of services to **qualifying member families**. The provision of these services is based upon the financial abilities of the society, as well as the availability of the necessary therapists. The annual allotment for these services is based on funds that we as a group raise on an annual basis. *(NOTE: Funds allotted are dependent on financial resources, membership numbers, etc, and are subject to change)*

**In order to qualify for paid services the following criteria must be met:**

- **Annual membership fees must be paid up to date**
- **Be a registered member of at least one working committee(see list attached)**
- **Attend at least 6 out of 9 monthly membership meetings. Meetings are scheduled for the second Tuesday of each month.**
- **Be actively and reasonably involved in the projects, events and initiatives of NLDSS**
- **Be an active member of the NLDSS for a period of at least 6 months**

**We will be reviewing member involvement on a quarterly basis in order to determine eligibility for therapy services.**

**JOINT MEMBERSHIP FEE NLDSS AND CDSS \$25.00 PER YEAR INCLUDES:**

- Membership to both NLDSS and CDSS(Canadian Down Syndrome Society)
- Access to CDSS resources including their quarterly newsletter
- Access to “Spreading Our Wings” Therapy services based on the criteria listed above
- Joint membership also enhances our position as an affiliate of the CDSS, giving us a stronger national voice on DS issues and concerns

**PLEASE INDICATE WHICH SERVICES YOU ARE REQUESTING FOR YOUR CHILD:**

**SPEECH THERAPY (INDIVIDUAL)**

**SPEECH THERAPY (GROUP)**

**OCCUPATIONAL THERAPY**

**MUSIC THERAPY**

**In the event that a family has utilized their annual budget allotted for therapy sessions, any additional sessions will be at the expense of the family and will not be absorbed by the NLDSS. It is the responsibility of the parent/guardian and the therapists to keep track of their budget.**

Child's Name:

**Committee sign-up agreement:**

Each family receiving service(s) from NLDSS is ***required*** to actively participate in at least one of the following committees. Please note: *There will be events throughout the year that will need volunteers. We encourage you to sign up for more than one committee. Each committee will have a Board member as part of the committee.*

Choose your top three choices as each committee only requires a specific number of volunteers. Spaces will be filled on a first come first serve basis. Fill in your choices in order, 1: First choice 2: Second choice 3. Third choice

Committee sign up list:

1. Fundraising committee( ongoing): \_\_\_\_\_
2. Golf Tournament (September): \_\_\_\_\_
3. Summer Camp( July): \_\_\_\_\_
4. Monthly speakers/meetings(ongoing): \_\_\_\_\_
5. Awareness week( November): \_\_\_\_\_
6. Christmas Party(December): \_\_\_\_\_
7. Pancake Breakfast(November): \_\_\_\_\_
8. Special events(ongoing): \_\_\_\_\_
9. Merchandise Coordinator(ongoing): \_\_\_\_\_
10. Photographer(ongoing ): \_\_\_\_\_
11. Springing into Health Program(ongoing): \_\_\_\_\_
12. Special Projects(ongoing): \_\_\_\_\_
13. Service Coordinator(ongoing): \_\_\_\_\_
14. Tech Support (ongoing): \_\_\_\_\_
15. Office Liaison (ongoing): \_\_\_\_\_
16. Odd Jobs (ongoing) \_\_\_\_\_
17. Board Member: \_\_\_\_\_ ( please specify your role)

We will notify you of your roles/responsibilities when the committees are formed.

I \_\_\_\_\_ understand that my involvement in the above committee(s) is a requirement of my NLDSS service agreement. I will be actively involved in NLDSS and will fill the roles and responsibilities of my assigned committee(s).

Date: \_\_\_\_\_

*Newfoundland and Labrador Down Syndrome Society*

I, \_\_\_\_\_ & \_\_\_\_\_ Give permission to the Newfoundland and Labrador Down Syndrome Society to take pictures of myself and/or my dependent children for the purposes stated below. Please initial for approval.

\_\_\_\_/\_\_\_\_ to be printed for use in our NLDSS calendars, during presentations, display tables, office use, etc.

\_\_\_\_ / \_\_\_\_ to be posted online in NLDSS weekly updates, on the NLDSS website, on the NLDSS Facebook site, etc

By signing, I give permission for pictures to be used as approved in this form above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Permission can be retracted at any time. Permission will be valid for one year.

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I, \_\_\_\_\_ / \_\_\_\_\_ DO NOT give permission to the Newfoundland and Labrador Down Syndrome Society to take pictures of myself and/ or my underage children for the purposes states above.