

# Greater Clear Lake Families Exploring Down Syndrome

## MEMBERSHIP FORM

<b><i>Part I: Your Information</i></b>	
Name:	Date:
Business (if applicable):	
Street Address:	
City / State / Zip:	Phone:
E-mail Address:	Alternate Phone:
Spouse's Name (if applicable):	

<b><i>Part II: Your Connection to Down Syndrome</i></b>	
What is the name of the person you know who has Down syndrome?	
Gender:	Date of Birth:
What is your relationship to this person?	

<b><i>Part III: Membership Information</i></b>	
Membership Level	Membership Fee
<b>Individual</b>	<input type="checkbox"/> New - \$20 <input type="checkbox"/> Renewing - \$15 <small>(if w/i 30days of renewal date)</small>
<b>Family</b>	<input type="checkbox"/> New - \$25 <input type="checkbox"/> Renewing - \$20 <small>(if w/i 30days of renewal date)\$</small>
<b>Professional</b>	<input type="checkbox"/> \$25
<b>Donation</b>	

Do you wish to be listed in the GCLFEDS Membership Directory? Yes  No

I am unable to send a contribution at this time, but would like to receive the newsletter.

Total Amount Enclosed:

*Please make checks payable to GCLFEDS, and mail with this completed form to:  
GCLFEDS, P.O. Box 891093, Houston, TX 77289-1093  
GCLFEDS is a 501(c)(3) charitable organization.  
Please remember to apply for matching funds if available through your employer.*