Please send your completed membership form to : Bedfordshire Down's Syndrome Support Group :: 11 St Vincents :: Woburn Sands :: Milton Keynes :: MK17 8NR

MEMBERSHIP FORM

Please indicate if Professional Membership Yes ☐ No ☐

Family Name

Forenames

Address

Postcode

Telephone Email

Children's names (Child who has Down's syndrome first)

Date of Birth

Date of Birth

Date of Birth

Date of Birth

Are you a member of the DSA? Yes ☐ No ☐

Contribution of £10 (Optional for parents) Yes ☐ No ☐

Please make cheques payable to: **Bedfordshire Down's Syndrome Support Group**

Registered Charity Number 1102599 :: www.bedsdownssyndrome.co.uk

Please help us to identify your needs by stating what support would be of interest to you and your family