

\*\*If you are a current member, please just include your name or any revisions.

The Down Syndrome Association of the Hudson Valley  
14 Zerner Blvd Hopewell Junction, NY 12533

MEMBERSHIP APPLICATION 2009

We now have a new database and are requesting that all member please fill out your applications with current family information in order to continue to meet the needs of our members.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family member with Disability \_\_\_\_\_ Type of Disability \_\_\_\_\_

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

Other family members: \_\_\_\_\_ D.O. B. \_\_\_\_\_

\_\_\_\_\_ D. O. B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O. B. \_\_\_\_\_

School District your child with disability attends: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade of student: \_\_\_\_\_

All information provided to us is kept strictly confidential and is only for the private use of the The Down Syndrome Association of the Hudson Valley.

Please make checks payable to the DSAHV

## **DSAHV SURVEY**

(please rate on a scale from 1-5 using 5 as the best)

- |  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| <b>1. The DSAHV does a good job of supporting parents.</b>                       | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>2. I find the newsletter a useful tool.</b>                                   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>3. I find the meetings to be informative.</b>                                 | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>4. I prefer to have social meetings rather than<br/>informative meetings.</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>5. I prefer to have informative meetings rather<br/>than social meetings.</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>6. I feel having contact with other parents is<br/>important.</b>             | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |

**Thank you**