

**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)

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

Thank you