



www.leicesterdownsgroup.co.uk

Please fill in all areas

Person with Down's Syndrome.

(Member)

Mr/Mrs/Miss:

Surname:

First name:

Address:

Postcode:

Telephone:

D.O.B:

Membership Registration Form

Parent/Carer

Mr/Mrs/Miss:

Surname:

First name:

Address (if different):

Postcode:

Telephone (if different):

Email address:

We will send you information on outings and events that we organise throughout the year. We will also send you a newsletter which is produced 3 times a year. These details can also be found on our website.

Would you be willing to help other families in need of information and/or support? Yes/No
Would you be willing to allow photos to be taken of the member and used by the group to promote its activities? Yes/No

I agree to the Leicestershire Down's Syndrome Group holding the information above in accordance with the data protection act.

This information will be used for the purpose of the Leicestershire Down's Syndrome Group only.

Signed:Date:

Registered Charity
No 1098024
Affiliated to the
Down's Syndrome
Association

Please return to:
The Secretary
Leicestershire Down's Syndrome
Group
6 Springfield Road
Shepshed LE129QP