

Membership Application

Please use this form if you are an adult with Down's Syndrome completing the membership request yourself.

*Required

1. Email *

2. Full Name *

3. Full Address (including postcode) *

4. Home Telephone Number

5. Mobile Telephone Number

6. Gender *

Mark only one oval.

- Male
- Female
- Prefer not to say
- Other: _____

7. Date of Birth *

Example: 7 January 2019

8. Membership Status *

Mark only one oval.

- New Member
- Existing Member

9. DSNE Membership Number

If you are an existing DSNE member, and you know your membership number, please enter it here.

Skip to question 10

Consent

10. Do you give consent to DSNE to send you: *

Mark only one oval per row.

	Yes	No
Newsletters	<input type="radio"/>	<input type="radio"/>
Event Information	<input type="radio"/>	<input type="radio"/>
Promotional Information	<input type="radio"/>	<input type="radio"/>

11. Do you give consent to DSNE to contact you via: *

Mark only one oval per row.

	Yes	No
Phone	<input type="radio"/>	<input type="radio"/>
SMS	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>

12. Do you give consent to DSNE to use photographs that may capture you or your child / adult's participation in organised events through our: *

Mark only one oval per row.

	Yes	No
Newsletters	<input type="radio"/>	<input type="radio"/>
Promotional Material	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>
Website	<input type="radio"/>	<input type="radio"/>

If you wish to opt-in or out of any of the above once your membership form has been submitted, please email membership@dsne.org.uk

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