

ASSOCIATE MEMBERSHIP/RENEWAL APPLICATION 2023

Name of Associate Member _____

Date of Birth _____ Gender: Male Female

Address: _____

_____ Town _____ Eircode _____

Parents/ Guardians Details if appropriate

	FIRST CONTACT	SECOND CONTACT
Name		
Relationship with Associate Member		
Email Address		
Mobile Number		
Home Number		

Do you agree to receive correspondence from the Branch? Yes No

Do you agree to receive all correspondence by email? Yes No

Do you agree to have your email/phone number sent to Head Office? Yes No

Please return this form with **€20 ANNUAL SUBSCRIPTION** (made payable to Down Syndrome Ireland Louth Meath Branch) to Brendan Stephenson, 9 Ashdale, Wheaton Hall, Drogheda, Co Louth. Payment can be made online at www.dsilmb.ie/becomeamember/ but please also return the form by post or email.

Please do not send cash by post.

Website PayPal Cheque Cash Postal Order Other Donation

Today's Date _____

Down Syndrome Ireland Louth/Meath Branch is a Charity Organisation run by parents, on a voluntary basis and our aim is to promote the best services and better quality of life for all individuals with Down syndrome from Louth/Meath area.

All families in the Home Teacher programme, who attend Latch On or any other services or activities provided by the branch, must be current paid up members of the Louth Meath branch.