

GOLD COAST DOWN SYNDROME ORGANIZATION

ANNUAL MEMBERSHIP 2018

Fee \$20

Date _____

Parents/Guardians _____

Email(s) _____

Cell Phone: _____

Disability of child if other than Down syndrome: _____

Name of child with disability: _____

Date of birth of child with disability: _____

MEDIA RELEASE

I grant to Gold Coast Down Syndrome Organization (GCDSO) its representative and employees the right to take photographs/video images of me and my property in connection with the above identified subject. I authorize GCDSO, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that GCDSO may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content. I have read and understand the above.

Signature: _____ Date: _____

Signature of individual with Down syndrome if 18+ _____

Print Name _____

Return with Check to 915 S. Federal Highway Boynton Beach, FL 33435 Info: 561-752-3383

info@goldcoastdownsyndrome.org. To Pay by Credit Card: go to www.goldcoastdownsyndrome.org

and click the donate button (put membership in designation line)



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