



Central Illinois Down Syndrome Organization

Annual Membership Information Form

Membership in the Central Illinois Down Syndrome Organization (CIDSO) is open to anyone over age 18 who is a member of a family which has/had a child with Down syndrome and meets other eligibility requirements as may be adopted by the general membership. Any person(s) wishing to obtain membership must complete an Annual Membership Information Form.

Please complete one form for each person seeking membership. Send completed forms to CIDSO, PO Box 595, Normal, IL 61761 or email a scanned form to info@cidso.org

Name of person seeking membership _____

I am over 18: yes no

Name of Related Individual with Down syndrome _____ Relationship: self

child sibling other (specify _____)

Date of Birth of Individual with Down syndrome _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____ text ok? yes no

email _____

All individuals seeking membership will be sent emails/mailings pertaining to the business of CIDSO.

CIDSO also forwards information from national/state/local groups pertaining to individuals with Down syndrome and disabilities. If you want to be included in these emails, please check here

I agree that CIDSO may use photographs of me and my family (including minor children) 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 _____