



## Kent Wide Down Syndrome Group Family Membership Form

**Name of First Adult:**

**Name of Second Adult:**

**Address:**

**Email Address:**

**Home Phone Number:**

**Mobile Phone Number:**

**Preferred Method of Contact:** Post/Email/Text Message

Name of Children	Date of Birth	Disabled Y/N	School Attended

**KWDSG have a closed Facebook group, would you like to join?  
Facebook contact details are:**

**Please tick if you do not wish photos of your family to appear in:**  
**Group Website:                  Closed Facebook Page:                  Publicity Material:                  Press:**

I/we agree to the information on this form being kept on a secure database for the use of the group, in its operations, and understand that it will not be shared with any unauthorised individual or organisation, without my/our prior consent.

Signature:

Would you be interested in receiving details about joining our KWDSG 100 Club at £10.00 a year to help raise funds to subsidise future events?

Yes/No

Would you be interested in receiving details about joining the KWDSG Committee Yes/No  
 Are you willing to help out at events/activities Yes/No

Please return form to: KWDSG Membership c/o 70 Mickleburgh Hill, Herne Bay, Kent CT6 6DX  
 or Email scanned copy to: [admin@kentwideds.org](mailto:admin@kentwideds.org)