



Down Syndrome Association of the Lowcountry
295 Seven Farms Drive, Suite C190
Daniel Island, South Carolina 29492
843-553-DSAL (3725)

Membership Application / Renewal

*This form is editable. You may complete it on your computer, then select File > Print to print the Membership Application. Just mail the completed form with your check made payable to DSAL.

Name:

Address:

Phone:

If a parent, child's name:

Child's date of birth:

General \$25

Benefactor \$100

Sustaining \$50

Gift