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Stoke & Staffordshire Downs Syndrome Social Group Membership Form

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NO:

EMAIL:

PREFERRED CONTACT:

PARENT/CARER CONTACT NAME:

Here at SSDSSG we take the privacy of our members data seriously and will only use your personal information for group administration purposes and for communicating with you about the group. All personal information will stored securely and not shared without prior consent.

I CONSENT TO MY INFORMATION BEING HELD BY SSDSSG

_____ (SIGNATURE)

AFFILIATED TO THE

