



Down Syndrome Association of Los Angeles, Inc.

Aviation Plaza | 16461 Sherman Way, Suite 180 | Van Nuys, CA 91406 | 818-786-0001 voice | 818-786-0004 fax | www.dsala.org

connecting families for over 30 years

Active Voting Member Application

Please complete and return to the DSALA.

Dear DSALA Board of Directors;

I have been active with the Down Syndrome Association of Los Angeles and I would like to be recognized as an Active Voting Member of the DSALA. I am aware that becoming an Active Member includes attending an annual meeting to be held in October in compliance with the DSALA Bylaws. I am willing and able to attend such a meeting. (Not attending the meeting once becoming an Active Member could cause us not to have a quorum and prevent the DSALA from voting in new board members.)

I understand after becoming an Active Member I will continue to serve as one until I request in writing to be removed from the Active Member list. I can do this at the time that I am notified of the next annual meeting date and locations if I wish.

Thank you for your consideration of my request.

signature _____ date _____

name _____ phone _____

email _____