



MEMBERSHIP FORM

MEMBERSHIP TYPE (SELECT ONE):		Family <input type="checkbox"/>	Self Advocate <input type="checkbox"/>	Community <input type="checkbox"/>	RENEWAL/START DATE: MM/DD/YYYY
PAYMENT METHOD:		Online <input type="checkbox"/>	In Person <input type="checkbox"/>	By Mail <input type="checkbox"/>	
PAYMENT TYPE:		Cash <input type="checkbox"/>	Cheque (#) <input type="checkbox"/>	E-transfer <input type="checkbox"/>	
NAME (FIRST, LAST):					
ADDRESS:					
PHONE NUMBER:					
EMAIL ADDRESS(ES):					
I WANT TO VOLUNTEER!		Yes <input type="checkbox"/>		SIGNATURE or Initials:	
		No <input type="checkbox"/>			

LIST ALL HOUSEHOLD MEMBERS NAME	Person with DS (Y/N)	YOUTH OR VIP BIRTHDATE (FOR BIRTHDAY CLUB)