



*Transitional Paths to Independent Living*

## **2018 NEW & RENEWING MEMBERSHIP FORM**

**Please fill out the following information:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ County \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

I would like to receive event information through email \_\_\_

### **Please check all that apply:**

I am a new Member

I am renewing my Membership

I am a Veteran

I would like to be a TRIPIL Volunteer

### **Please check any that you may be interested in learning more about:**

Voting

TRIPIL's Youth Program

Attendant Care

SNAP and other public benefits

Accessible Housing

Other community supports

Disability Rights

TRIPIL's Wellness Program / Gym

Transportation

Job search support

Assistive Technology

Computer access and training

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Alternate formats and staff assistance are available upon request*