

## 2020 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 Y / N

**Please check all that apply:**

- I am a new Member
- I am a Veteran
- I am renewing my Membership
- I would like to be a Volunteer

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

- Voting
- Attendant Care
- Accessible Housing
- Disability Rights
- Transportation
- Assistive Technology
- Youth Program
- SNAP and other public benefits
- Other community supports
- Wellness Program/Gym
- Job search support
- Computer access and training

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

Annual membership dues are \$2.00

*Alternate formats and staff assistance are available upon request*