



The Advocacy
Network on
Disabilities

7990 SW 117 Avenue • Suite 135 • Miami, FL 33183 Tel 305.596.1160 • Fax 305.596.6196 advocacynetwork.org

APPLICATION FOR AGENCY MEMBERSHIP

AGENCY MEMBERSHIP CRITERIA: an organization, the primary purpose of which is the provision of services to individuals with disabilities.

Full Name of Organization

CEO/Executive Director/Owner

E-Mail Address

Address

City

State

Zip

Phone Number

Fax Number

Cellular Number

In the absence of the Executive Director, who has authority to vote on behalf of the organization?

Briefly describe the mission or purpose of your agency or company:

Is your Organization incorporated? Yes No
Is your Organization: Not-for-Profit For Profit

Total number of paid staff:

Total number of individuals served

% of individuals served with developmental disabilities:

Annual Operating Budget: \$

Please attach the following:

Brochure Copy of Certificate of Incorporation List of Board of Directors

Signature of Applicant

Title

Print Name

Date

NO PAYMENT IS DUE AT THIS TIME. Agency Membership dues are based on total revenues. Annual dues cover the period from October 1 – September 30. After January 1st, dues are prorated. We will notify you once the Board of Directors has voted to approve your membership.

Please mail application to 7990 SW 117 Avenue, Suite 135, Miami, FL 33183, or fax to 305-596-6196.