



The Advocacy
Network on
Disabilities

7990 SW 117 Avenue • Suite 135 • Miami, FL 33183

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advocacynetwork.org

APPLICATION FOR INDIVIDUAL MEMBERSHIP

INDIVIDUAL MEMBERSHIP CRITERIA: An individual with an expressed interest in the welfare of individuals with disabilities, or a provider who practices alone.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Office _____ Home _____ Fax: _____

Cell Phone: _____ E-Mail Address: _____

Why Do You Want to Become a Member of The Advocacy Network on Disabilities?

If you are a single practitioner of services to individuals with disabilities, please describe those services:

Signature

Date

NO PAYMENT IS DUE AT THIS TIME. We will notify you once the Board of Directors votes on your membership application. Individual membership is \$100 per year October 1 – September 30. After January 1st, dues are prorated.

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