



MEMBERSHIP APPLICATION

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

MARK THE ITEMS THAT APPLY AND FILL IN BLANKS AS APPLICABLE (X)

INDIVIDUAL MEMBERSHIP \$ 40

FAMILY MEMBERSHIP \$50

PLEDGE I WOULD LIKE TO MAKE IN ADDITION TO MY MEMBERSHIP FEE \$ _____

CONTRIBUTION I WOULD LIKE TO MAKE \$ _____ IN MEMORY OF _____

I WOULD LIKE TO DISCUSS DOING VOLUNTEER WORK FOR THE CENTER

I WOULD LIKE TO DISCUSS USING YOUR NEWLY REMODELED BANQUET HALL

I HAVE A SUGGESTED PROGRAM, PRACTICE, PROCEDURE OR COMMENT THAT MIGHT BE OF INTEREST TO THE CENTER:

Please make checks payable to and send them to:

The Disability Action Center
102 Benoni Avenue
Fairmont, WV 26554

Your membership fee helps all of our programs, provides you with a newsletter with all of our activities, and ensures your participation in all Center activities, camps, programs and all other activities.