

2010 MEMBERSHIP REGISTRATION FORM



Become a member of Disability Network and enjoy the following benefits:

- Subscription to our newsletters, *The Link* and *The Donor Connection*
- Disability Network reusable, canvas grocery bag
- Vote during the annual election and/or special meetings of the membership
- Invitation to the Annual Meeting & other events
- Notification of volunteer opportunities
- Opportunity to serve on a committee
- The satisfaction of knowing you are part of a dynamic organization that creates real change in Southwest Michigan

If you are interested in supporting Disability Network Southwest Michigan by becoming a member, please fill out and return the bottom portion of this form with a check or money order in the amount of \$15.00 (individual) or \$25.00 (household).

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Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

- Yes, I would like to receive the newsletter electronically
- I need my membership fee waived

Amount Enclosed- (membership fee) + _____ (gift)

TOTAL _____

Please make checks payable to Disability Network Southwest Michigan and return to
517 E Crosstown Parkway Kalamazoo, MI 49001