

DAWN Center for Independent Living, Inc.
Membership Application

As a member of DAWN, Inc. you will be entitled to reduced rates to special events, newsletters, and the right to vote at DAWN, Inc. business meetings. We are here to help you, the consumer. Please help us by joining DAWN, Inc.

Membership runs from October 1 to September 30

_____ \$20.00 New / Renewal Member (One person)
_____ \$10.00 Student
_____ \$35.00 Family (Two or more people in the same family)
_____ \$100.00 Business / Professional
_____ \$500.00 Lifetime

If you wish to make an additional contribution: \$ _____

Name: _____

Address: _____

City, State: _____

Zip Code: _____ County: _____

Telephone / TTY Number: Home: _____ Cell: _____

E-mail address: _____

Twitter: _____

Do you prefer to be contacted by E-mail, telephone or mail?: E-mail Mail
 Phone (Circle one: Home/Cell/Work)

Communication accessibility needs, if any: _____

DAWN, Inc. would like to use your picture or your name or both picture and name in our newsletter or flyers, etc. If this is okay, please write your name.

_____ I will let DAWN use my picture.
(Name)

_____ I will let DAWN use my name.
(Name)

Peer Support is a core component of independent living. At times members may request to communicate with other members, and they call the office requesting another member's phone or e-mail. By signing below, you will allow the staff of DAWN, Inc. to share your contact information with other members of DAWN, Inc.

Name: _____

*This information will not be shared with anyone outside of the organization's membership.

Please make a check payable to DAWNcil and return to:

DAWNcil
66 Ford Road, Suite 121
Denville, NJ 07834-1235

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling: (973) 504-6215. Registration with the Attorney General does not imply endorsement. Contributions, in excess of dues, may be deductible on personal tax filings.

Charity Registration # CH1155800

Help Us Communicate With You Better!

At Dawncil's 2011 Focus Group, we learned that many of you would like us to increase and improve our communications. If you would like to receive communications from DAWN, please provide us with as much information as you are willing to share about how to reach you on the front of this page. Please also tell us about you interests below. When completed, please return it to us as soon as possible. Thank you!

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| <input type="checkbox"/> General Disability News and Information | <input type="checkbox"/> Transportation Issues |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Housing Issues |
| <input type="checkbox"/> Systems Advocacy | <input type="checkbox"/> Membership Meetings and Activities |
| <input type="checkbox"/> Self-Advocacy | <input type="checkbox"/> Recreation for Adults (ages 25+) |
| <input type="checkbox"/> Peer Support | <input type="checkbox"/> Recreation for Youth (ages 16-25) |
| <input type="checkbox"/> Youth In Transition (school-to-adult life) | <input type="checkbox"/> Independent Living Skills Learning/Training |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Aktion Club (young adults) |
| <input type="checkbox"/> The Aging and Disability Resource Connection | <input type="checkbox"/> Next Chapter Book Club |
| <input type="checkbox"/> Living Well Programs | <input type="checkbox"/> (Young adults, all reading levels) |
| <input type="checkbox"/> Nursing Home Transition | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Personal Assistance Services Program | <input type="checkbox"/> Other 1 (describe) _____ |
| <input type="checkbox"/> Employment Issues | <input type="checkbox"/> Other 2 (describe) _____ |
| | <input type="checkbox"/> Other 3 (describe) _____ |