

**DAWN Center for Independent Living, Inc.
Membership Application 2021-2022**

As a member of DAWNcil, you will be entitled to reduced rates to special events, newsletters, and the right to vote at DAWNcil business meetings. We are here to help you – the consumer. Please help us by joining DAWNcil. **Please make check payable DAWNcil and return to: DAWNcil, 66 Ford Road, Suite 121, Denville, NJ 07834.**

_____ \$20 New/Renewal Member (One person)
_____ \$10 Student
_____ \$35 Family (Two or more people in the same family)
_____ \$100 Business/Professional
_____ \$500 Lifetime

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

Name: _____
Address: _____
City, State: _____
Zip Code: _____ County: _____
Telephone/TTY Number: Home: _____ Cell: _____
Email Address: _____
Twitter: _____

Do you prefer to be contacted by email, phone, or mail? Email: Mail:
Phone (Circle one: Home/Cell/Work)

Communication accessibility needs, if any: _____

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

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

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

Peer Support is a care component of independent living. At times members my request to communicate with our other members, and they call the office requesting another member's phone or email. By signing below, you will allow the staff of DAWNcil to share your contact information with other members of DAWNcil.

_____ I will let DAWNcil share my information.
(Name)

*This information will never be shared with anyone outside of the organization's membership.

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 indorsement. Contributions in excess of dues, may be deductible on personal tax filings.

Charity Registration # CH1155800

Help Us Communicate With You Better!

At DAWNcil's 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 your interests below. When completed, please return it to us as soon as possible. Thank you!

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| <input type="checkbox"/> Aktion Club (young adults) | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Arts-n-Crafts | <input type="checkbox"/> Personal Assistance Services |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Recreation for Adults (ages 30+) |
| <input type="checkbox"/> Benefits Issues | <input type="checkbox"/> Recreation for Youth/Young Adults (ages 16-30) |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Self-Advocacy |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Systems Advocacy |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Transportation Issues |
| <input type="checkbox"/> Employment Issues | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> General Disability News and Information | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Other 1 (describe) _____ |
| <input type="checkbox"/> Housing Issues | <input type="checkbox"/> Other 2 (describe) _____ |
| <input type="checkbox"/> Independent Living Skills Learning/Training | <input type="checkbox"/> Other 3 (describe) _____ |
| <input type="checkbox"/> Membership Meetings and Activities | <input type="checkbox"/> Youth In Transition (school-to-adult life) |
| <input type="checkbox"/> Nursing Home Transition | |