



Membership Forms 2012

Send completed form to:
CCD
2 Old River Place, Suite A
Jackson, MS 39202

Organization/School

Organization's Web Site

Contact Name/Individual Member Name

Address

City _____ **State** _____ **Zip** _____

Telephone () _____ **Cell** () _____
Fax () _____ **Email** _____

Membership Fee: (please indicate appropriate category with an X)

_____	Associate (Individual)	\$25.00
_____	Family	\$30.00
_____	Support Partner	\$100.00
_____	Student	\$10.00

Organizational Partner:

_____ \$150.00

Corporate Sponsor:

_____ \$300 to \$900

Benefactor:

_____	Silver	\$1,000 to \$5,000
_____	Gold	\$5,001 to \$10,000
_____	Platinum	\$10,001 and over

Parent _____
Age of child with disability _____
Comments:

For more information about the CCD, call or visit our website:

Phone: (601) 969-0601 (V/TDD) 1-800-721-7255 Relay 711

Web site: <http://www.msccd.org>

The Coalition for Citizens with Disabilities has membership stipends available.

If you need a stipend for your Associate membership fee, please (X) here _____.

No request for membership is denied.

The Coalition for Citizens with Disabilities is committed to providing members with our information in alternate formats. Please indicate with an (X) which format you would like to receive your information:

_____ Large Print _____ Braille _____ Cassette Tape _____ E-mail _____ CD