



Membership Form

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

Individual/Organization Name _____

Organization Web Site _____

Contact Name (Organization) _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Cell () _____

Fax () _____ Email _____

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

- Individual Member \$ 25
 Support Member \$100
 Organizational Member \$150

Corporate Sponsorship:

- Corporate Sponsor \$500

Community Partner:

- Silver \$1,000 to \$4,999
 Gold \$5,000 to \$9,999
 Platinum \$10,000 or more

The Coalition for Citizens with Disabilities has membership stipends available.

If you need a stipend for your Individual Membership fee, please (X) here _____

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

Phone: (601) 969-0601 or 1-800-721-7255

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

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 E-mail CD/flashdrive