

In partnership with people with disabilities and their families,
CCDH advocates, coordinates, and provides supports and services.



APPLICATION FOR ASSOCIATE MEMBERSHIP

ASSOCIATE MEMBERSHIP CRITERIA: An organization with an interest in the welfare of individual with disabilities, but the primary purpose of which is other than the provision of services to them. All privileges and benefits of other members, except voting.

Full Name of Organization

Executive Director/Owner

E-Mail Address

Address

City

State

Zip

Phone Number

Fax Number

Cellular Number

Briefly describe the mission or purpose of your agency or company: _____

Is your Organization incorporated? Yes No

Is your Organization: Not-for-Profit For Profit

Approximately what percent of your business relates to individuals with developmental disabilities? _____

Any additional information you would like for us to know about your organization? If available, please attach your organization's brochure.

Signature of Applicant

Title

Print Name

Date

NO PAYMENT IS DUE AT THIS TIME. Associate Membership dues are \$375/year from October 1 – September 30. After January 1st, dues are prorated. We will notify you once the Board of Directors has voted to approve your membership.

Please mail application to 7990 SW 117 Avenue, Suite 135, Miami, FL 33183, or fax to 305-596-6196.