

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



APPLICATION FOR ASSOCIATE MEMBERSHIP

CRITERIA FOR ASSOCIATE MEMBERSHIP: An organization with an interest in the welfare of individuals 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

CEO/Executive Director/Owner

E-Mail Address

Address

City

State

Zip

Phone Number

Fax Number

Cell Phone

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 disabilities? _____

Any additional information you would like us to know about your organization? If available, please include a brochure or other informational materials.

Signature of Applicant

Title

Print Name

Date

No payment is due at this time. We will notify you once the Board of Directors votes on your membership. Associate Membership dues are \$375/year from July 1 – June 30. After January 1st, dues are prorated. Please mail to: CCDH, 9555 N. Kendall Dr. Suite 206, Miami FL 33176 or fax to: 305-596-6196.