9555 North Kendall Drive | Suite 206 | Miami, FL 33176 | 305 596 1160 | 305 596 6196 Fax | info@ccdh.org | www.ccdh.org

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

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

Criteria for Individual Membership: An individual with an expressed interest in the welfare of individuals with disabilities, or a provider who practices alone.

_____
Name

_____
Street Address City State Zip

Telephone: Office _____ Home _____ Fax: _____

Cell/Mobile: _____ E-Mail Address: _____

Why do you want to become a member of CCDH?

_____

_____

_____

If you are a single practitioner of services to individuals with disabilities, please describe those services:

_____

_____

_____

_____
Signature Date

**No payment is due at this time.** We will notify you once the Board of Directors votes on your membership application. Individual Membership is $100.00 per year 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.