



TASH Membership Renewal and New Member Acceptance

Equity, Opportunity and Inclusion for People with Disabilities since 1975

1025 Vermont Avenue, NW, 7th Floor
Washington, DC 20005

Phone: 202-263-5600; Fax: 202-637-0138

e-mail: info@tash.org

website: www.tash.org

Please complete the following information

Address (will be used as the billing address)

(Check here if this is a change of address)

Mr. Name: _____ **Nickname:** _____
 Mrs. Address: _____
 Ms. _____
 Dr. Contact Name: (required for all library and organizational members): _____

Phone Number (include area code and, if outside U.S.A., Country Code)

Home phone: () _____

Work phone: () _____

Cell phone: () _____

Email Address (check here if you do **not** have an email address:)

(Required for all members, including organizations and libraries)

Primary email address: _____

Secondary email address: _____

Membership Type (Please choose your membership type)

This is a Renewal **Member #** _____

- Individual**, household annual income greater than \$60,000 = **\$115**
- Individual**, household annual income between \$40,000 and \$60,000 = **\$75**
- Individual**, household annual income less than \$40,000/individuals with disabilities = **\$45**
- Students** = **\$45**
- Supporting Member** = **\$200** (includes \$115 individual membership fee plus \$85 tax deductible donation)
- Sustaining Member** = **\$500** (includes \$115 individual membership fee plus \$385 tax deductible donation)
- Organization** = **\$275** (includes one subscription to the journal, one copy of Connections, and member conference rates for up to 5 employees/members)
- Library** (annual subscription to Connections and the journal) = **\$290**

For libraries only, required for online access to the journal (further instructions available at www.tash.org) :

Starting IP Address: _____ Ending IP Address: _____

What IP range do you want to upload? _____

Payment Type (Funds must be submitted in U.S. dollars and checks must be drawn on a U.S. bank or an additional fee will be charged.)

Check (payable to TASH; mail to address above) Card Number: _____
 Visa Expiration Date: _____
 MasterCard Name on Card: _____
 Discover Card Authorized Signature: _____

Making a tax-deductible donation to TASH keeps membership more accessible to the individuals we serve.

I would also like to make a donation of \$_____ at this time.

Continued on reverse

Optional Information

Family Information

Do you or someone in your family have a disability? Yes No If yes, what age(s)? _____

Ethnicity: Asian Black Hispanic Native American White Other

Occupation

Please check the appropriate categories (not more than three) that best describe you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrator/Adult Services | <input type="checkbox"/> Legal Services Provider | <input type="checkbox"/> Self-Advocate/Person with Disability |
| <input type="checkbox"/> Administrator/Education | <input type="checkbox"/> Occupational/Physical Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Administrator/Other | <input type="checkbox"/> Parent/Family Member | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Adult Services Provider/Staff | <input type="checkbox"/> Personal Assistant | <input type="checkbox"/> Special Ed. Teacher |
| <input type="checkbox"/> Advocate/Friend | <input type="checkbox"/> Public Policy Advocate | <input type="checkbox"/> Special Ed. Support Specialist |
| <input type="checkbox"/> Behavioral Specialist | <input type="checkbox"/> Professor/Instructor College/Univ. | <input type="checkbox"/> Staff Development/Trainer |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Early Childhood Services | <input type="checkbox"/> Regular Ed. Teacher/Admin | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Educator/Teacher (K-12) | <input type="checkbox"/> Related Services Provider | <input type="checkbox"/> Other |

Interests

Please select the Interest and Action Groups/Operating Committees (not more than three) in which you would like to participate:

- | | | |
|---|---|---|
| <input type="checkbox"/> TASH Chapter Activities | <input type="checkbox"/> TASH Fund Development | <input type="checkbox"/> TASH Member Services |
| <input type="checkbox"/> TASH Publications | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Paraeducator Issues |
| <input type="checkbox"/> Communication Issues | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Personnel Preparation |
| <input type="checkbox"/> Community Living | <input type="checkbox"/> Guardianship Alternatives | <input type="checkbox"/> Positive Behavioral Approaches |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> International Issues | <input type="checkbox"/> Related Services |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Leisure and Recreation | <input type="checkbox"/> Sexuality/Sexual Orientation |
| <input type="checkbox"/> Education–Best Practices | <input type="checkbox"/> Media Issues | <input type="checkbox"/> Special Health Care Needs |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Employment/Transition Issues | <input type="checkbox"/> Multicultural Issues |

Directory Listing

If you so desire, please choose up to three topics of expertise under which you would like to be listed in the online TASH Resource Directory (by checking here, you are giving us your permission to post your name and e-mail address as a resource on the Member's Only section of www.tash.org).

- | | |
|---|--|
| <input type="checkbox"/> Long term financial planning | <input type="checkbox"/> Supported employment |
| <input type="checkbox"/> Alternatives to guardianship | <input type="checkbox"/> Ticket to Work |
| <input type="checkbox"/> Inclusive education advocacy help for parents | <input type="checkbox"/> Personal care |
| <input type="checkbox"/> Inclusive education advocacy support for teachers/school personnel | <input type="checkbox"/> Medicaid Waiver |
| <input type="checkbox"/> Aversives, restraints, seclusion | <input type="checkbox"/> Facilitated communication |
| <input type="checkbox"/> Getting out of institutions | <input type="checkbox"/> Augmentative communication |
| <input type="checkbox"/> Supported living | <input type="checkbox"/> Marriage/parenting for self-advocates |
| <input type="checkbox"/> Self determination | <input type="checkbox"/> Inclusive community recreation |
| <input type="checkbox"/> Microboards | <input type="checkbox"/> Access to health care |

Comments
