



## 2017 Annual Self-Advocate Chapter Membership Dues

Chapter Membership- \$20

Local Self-Advocate Group Name \_\_\_\_\_

Affiliated Organization/Agency Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Chapter's Primary Contact Information

Primary Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Chapter President Information

President's Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

This form must be completed and received with your dues by **November 15, 2017**

**Send checks to:**  
Self-Advocates of Indiana  
Amanda Circle  
107 N. Pennsylvania St.  
Suite 800  
Indianapolis, IN 46204

*Checks should be made out to  
**Self-Advocates of Indiana.***

**Annual Dues must be paid by November 15, 2017 in order for members of the local group to vote at the SAI Annual Meeting OR for chapter members to run for election for Board of Directors. With these dues, your chapter membership will be effective November 15, 2017-November 1, 2018.**