



## 2017 Annual Self-Advocate Individual Membership Dues

Individual Membership- \$5

### Independent Member Information

Member Name \_\_\_\_\_

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

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

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

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

### Additional Contact Person Information—OPTIONAL

(If you want information to also be sent to a parent, staff, or other support person)

Support Person Name \_\_\_\_\_

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

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

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 to vote at the SAI Annual Meeting OR to run for election for Board of Directors. With these dues, your individual membership will be effective November 15, 2017-November 1, 2018.**