



## Annual Self-Advocate Chapter Membership Dues 2024

Chapter Membership- \$50

**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 \_\_\_\_\_

*You may also email this form to [bshields@arcind.org](mailto:bshields@arcind.org)*

**Annual Dues must be paid** 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 through December 31, 2024.

**Send checks to:**  
Self-Advocates of Indiana  
Becky Shields  
143 W Market St  
Suite 200  
Indianapolis, IN 46204

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

Please return this completed  
form with your dues by  
December 1, 2023.