

STATEN ISLAND DEVELOPMENTAL DISABILITIES COUNCIL

The Elizabeth Connelly Resource Center
930 Willowbrook Road, Building 41A
Staten Island, New York 10314

Phone: (718) 983-5276 E-mail: Contactsiddc@siddc.org Fax:(929)-308-0017 Website: www.siddc.org

2020-2021 Membership Form

Name: _____ Date: _____

Are you a: Self-advocate___ Parent/Caregiver___ Professional___ Other_____

Diagnosis of Individual _____ Age of Individual _____

Agency Please Indicate One Primary and One Alternate Representative

Agency Name: _____

Name of Primary Representative: _____

Name of Alternate Representative: _____

E-mail of Alternate Representative: _____

Mailing Address: _____

Floor: _____ Apt: _____ City/State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Are you a new member? Yes___ No___

Annual Membership Dues (Make checks payable to SIDDC)

Select the applicable category of membership below:

- | | | |
|------------------|------------------|--|
| _____ \$100.00 | Agency | May have many participating members, but must designate a primary representative and an alternate (votes in primary's absence) |
| _____ \$25.00 | Vendor | A non-voting member. |
| _____ \$10.00 | Self-Advocate | Entitled to one vote on business |
| _____ \$10.00 | Parent/Caregiver | Entitled to one vote on business |
| _____ \$10.00 | Individual | Entitled to one vote on business. To qualify for this category person must demonstrate commitment to SIDDC mission |
| _____ Fee Waived | Associate | A non-voting member. (e.g. family member, agency associate) |

Select the committee you would like to serve on:

- | | | |
|--------------------------|---|-----------------------------------|
| _____ Adult Services | _____ Education | _____ Residential Quality of Life |
| _____ Advocacy | _____ Family Resource & Transition Fair | _____ Self-Directed Supports |
| _____ Care Management | _____ Family Support Services Advisory Council* | _____ Willowbrook Legacy |
| _____ Community Outreach | _____ Health & Clinical Services | |

*Must be a family member to serve on this committee (formerly the Consumer Council)

For Office Use Only: Received: _____ Entered : _____