

# 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](mailto:Contactsiddc@siddc.org) Fax:(929)-308-0017 Website: [www.siddc.org](http://www.siddc.org)

## 2021-2022 Membership Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a: Self-advocate \_\_\_\_\_ Parent/Caregiver \_\_\_\_\_ Professional \_\_\_\_\_ Other \_\_\_\_\_

Diagnosis of Individual \_\_\_\_\_ Age of Individual \_\_\_\_\_

Are you a new member? Yes \_\_\_\_\_ No \_\_\_\_\_

### 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 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.   |
| _____ Fee Waived | 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               |                                   |

How did you learn about the SIDDC? \_\_\_\_\_

For Office Use Only: Received: \_\_\_\_\_ Entered : \_\_\_\_\_