

# 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)

## 2024-2025 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:

(Your contribution helps us to sustain advocacy efforts and SIDDC expenses.)

_____ \$100.00	Agency	May have many participating members, but must designate a primary representative and an alternate (votes in primary's absence)
_____ \$100.00	Lifetime Membership	Entitled to vote on business for lifetime
_____ \$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 Service                |                                   |

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

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