



MEMBERSHIP FORM

INDIVIDUAL INFORMATION	<i>INDIVIDUAL ANNUAL FEE \$75</i>
Name: _____	
Address: _____ City: _____	
P/C: _____ Phone: _____	
Email: _____ Website: _____	
Employer (Optional):	
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Educational Facility
<input type="checkbox"/> Business	<input type="checkbox"/> Consultant
<input type="checkbox"/> Government	

ORGANIZATION INFORMATION	<i>ORGANIZATION ANNUAL FEE \$150 (ENTITLES 3 PERSONS TO ATTEND)</i>
Organization: _____	
Address: _____ City: _____	
P/C: _____ Phone: _____	
Email: _____ Website: _____	
Contact Name: _____ Job Title: _____	
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Educational Facility
<input type="checkbox"/> Business	<input type="checkbox"/> Consultant
<input type="checkbox"/> Government	

FDNS Membership will entitle you to:

- Discounted rates for professional development workshops
- Networking and educational bi-monthly meetings (Sept – June)
- Directory of members' services

Please complete this form and mail with cheque or money order made payable to Focus Disability Network Society at the address below. A receipt will be issued upon full payment of your Membership fee.

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 Annette Williams (604) 820-0855 info@focusdisability.ca
www.focusdisability.ca