



## MEMBERSHIP FORM

<b>INDIVIDUAL INFORMATION</b>	<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

<b>ORGANIZATION INFORMATION</b>	<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) 820-0892 [admin@focusdisability.ca](mailto:admin@focusdisability.ca)  
[www.focusdisability.ca](http://www.focusdisability.ca)

Creating opportunities and community connections for people with disabilities