



## ILCNSCA MEMBERSHIP FORM

☐

**Yes I would like to become a**

☐

**New member**

**or**

☐

**Renew my membership**

**of/to the Independent Living Center of the North Shore and Cape Ann, Inc. and support the Center's work toward dignity and self-determination for all people with disabilities.**

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**I am a person with a disability and thus am eligible to become a Voting Member of ILCNSCA and as a Voting Member I will be able to vote at the Annual Meeting to elect the ILCNSCA Board of Directors.**

**My name is:** \_\_\_\_\_

**My mailing address is:** \_\_\_\_\_  
\_\_\_\_\_

**My phone number is:** \_\_\_\_\_

**My EMAIL address is:** \_\_\_\_\_

**My annual membership donation is enclosed for the amount of:**

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**\$10.00 (suggested donation)**

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**\$11-\$50.00**

☐

**\$51.00-\$100.00**

☐

**Over \$100.00**

☐

**I cannot afford to donate right now, but here is what I can afford \$\_\_\_\_\_.**

Please make checks payable to the ***Independent Living Center of the North Shore and Cape Ann, Inc.*** or ***ILCNSCA***. All memberships expire on the last day of September. Thank you for your membership.