

Association of Self Advocate of North Carolina (ASANC)

MEMBERSHIP FORM

Step 1: CHECK () Membership Type:

_____ Self-Advocate = \$10 per year

_____ Self-Advocacy Group = \$35.00 per year

_____ Supporter = \$25:00 per year
(includes professionals working in the disability field, persons with disabilities other than developmental or people interested in self-advocacy.)

Step 2: MAIL this completed form with appropriate fee (see above) payable to:

**ASANC
3801 Lake Boone Trail
Suite 260
Raleigh, NC 27607**

Date: _____

Name: _____

Address: _____

Phone: (_____) _____

Email: _____

Membership Benefits

By becoming a member you will receive:

- The ASANC Newsflash
- Updates on conventions being held & other training opportunities
- Voting privileges
- The opportunity to have an impact on self advocacy in your community

Questions? Call (919) 420-7995 or email info@asa-nc.org