



MEMBERSHIP APPLICATION

Please complete, as applicable, below:

Self-Advocate or Family Member
(Non-Professional) : _____

OR

Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

FOR ORGANIZATIONAL MEMBERSHIP APPLICATIONS ONLY:

Website Address: _____

Check one:

Type / Membership Level:

_____ X \$25 per year INDIVIDUAL MEMBERSHIP (Self-Advocate or Family Member -
Non-Professional)

_____ X \$250 per year ORGANIZATIONAL MEMBERSHIP
(See Member Benefits)

_____ X \$150 per event ACCESSIBILITY SPONSOR

Please scan / email to: info@thecollaborativenj.org or fax to: 973-756-4123
Invoice will be emailed to the Member or Organizational Contact Person