



MEMBERSHIP REGISTRATION FORM

I would like to be a member of DIAL and contribute to Independent Living for all people.

Membership options: (All memberships expire 12/31 of each year)

New _____ Renewing _____

Type of Membership:

_____ Individual membership = \$15.00

_____ Family membership = \$25.00

_____ Organization/Professional membership = \$75.00

_____ I want to receive DIAL newsletters ONLY

_____ I want to receive DIAL program notices

_____ I wish to participate in DIAL events

With your consent, DIAL, Inc. would like to use your photo and/or name in our promotional materials (newsletters, posters, etc.) Please initial one or both of the following statements:

_____ I give DIAL, Inc. permission to publish my photo.

_____ I give DIAL, Inc. permission to publish my name.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Cell () _____

Email: _____

Please send your membership check or money order to:

DIAL, Inc.- Center for Independent Living

2 Prospect Village Plaza, Floor 1

Clifton, NJ 07013-1918

Phone: (973) 470-8090 or (866) 277-1733

Fax: (973) 470-8171

TTY: (973) 470-2521 / Video Phone: (973) 556-0226

Internet: www.dial-cil.org