



# TASH Membership Form

Referred By: \_\_\_\_\_

Organization Name (If applicable): \_\_\_\_\_

Organizational members must fill out the following fields for the Primary Contact only. To submit five staff members that would like to receive TASH benefits, please attach the Organization Member Sub-Account Form (available at [www.tash.org/join](http://www.tash.org/join)).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Membership Level

TASH offers membership at a variety of levels. Please review the details below and choose the membership level that is appropriate for you. Individual and organizational memberships are available. Membership is valid for a 12 month term. A complete summary of member benefits can be found at [www.tash.org/join](http://www.tash.org/join).

	Regular	Reduced			Organization \$385
	Professional \$165	Associate \$85	Self-Advocate, Family & Sup- porter \$35	Student \$45	
<i>Research and Practice for Persons with Severe Disabilities</i> , the official TASH research journal (print copy)	X				1 COPY
<i>Research and Practice for Persons with Severe Disabilities</i> , (online access to current and archived issues)	X	X		X	X
<i>Connections</i> , the quarterly magazine written by and for TASH members	X	X	X	X	X
<i>Connections</i> Library ( includes access to 10 years of <i>Connections</i> archives)	X	X	X	X	X
TASH webinar archive	X				X
Reduced registration rates for TASH conferences and events	X	X	X	X	5 STAFF
Discounts for TASH Training webinars, publications & other offerings	X	X	X	X	5 STAFF
Access to TASH's professional network, forums & blogs	X	X	X	X	X
Affiliation with a TASH Chapter (includes policy and expertise, Capitol Hill Days, Chapter communications & activities)	X	X	X	X	X
Advocacy Alerts & Updates	X	X	X	X	X
	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select

## Demographic Information

This information is collected for TASH's use only so that we can better serve our members' needs.

What is your race or ethnicity? (Optional; select all that apply)

- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American
- White/Caucasian
- Hispanic/Latino
- Other \_\_\_\_\_

Which of the following best describes you? Select all that apply. (not applicable for organizational members)

- General Educator
- Special Educator
- Education Administrator
- Transition Educator
- University Faculty
- University Researcher
- Person with a disability
- Parent of a person with a disability
- Sibling of a person with a disability
- Other family member of a person with a disability
- Early Intervention Service Provider
- School-Aged Related Service Provider
- Adult Service Provider
- Government – Federal
- Government – State
- Government – Local
- Attorney
- Public Policy Advocate
- Student
- Other Advocate
- Other \_\_\_\_\_

How did you hear about TASH? \_\_\_\_\_ How would you like to receive info from TASH?  Email  Postal

Please indicate your areas of interest. Select all that apply.

- Early Childhood
- K-12 Education
- Transition
- Post-Secondary Education
- Employment
- Community Living
- Aging Issues
- Advocacy
- Public Policy
- International Issues
- Assistive Technology
- Communication
- Diversity & Cultural Competency
- Human Rights
- Other \_\_\_\_\_

### Additional Information

Your Date of Birth (Optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a family member of a person with a disability, fill out the date of birth of your family member: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a student, please fill out the following fields:

University Name: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Major/Department Name: \_\_\_\_\_

If you are a university educator, what is your field of study? \_\_\_\_\_

### Payment Information

Credit Card (select card type)

- American Express  Visa
- MasterCard  Discover

Check (make payable to TASH)

Purchase Order

P.O. #: \_\_\_\_\_

(send copy with membership form)

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Would you like to make a tax-deductible donation to TASH?

- \$10  \$25  \$50  \$100  \$ \_\_\_\_\_

**Total Payment** (add membership total and donation, if applicable) \$: \_\_\_\_\_

Please submit this membership form via mail, fax or e-mail. If you have questions, please call (202) 467-5730 ext. 1309.

1101 15th Street NW, Suite 1212  
Washington, DC 20005

Fax (202) 540-9019  
E-mail info@tash.org

