



## Membership Information

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 memberships 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 dues can be paid annually or monthly. Once you have determined your membership level, you may go to [www.tash.org/join](http://www.tash.org/join) to start the membership process or complete and return this form to the TASH office.

	Regular	Reduced			Organization \$495 year \$42 month
	Professional \$195 year \$17 month	Associate \$115 year \$10 month	Self-Advocate, Family, Supporter & Retired \$55 year \$5 month	Student \$65 year \$6 month	
Research and Practice for Persons with Severe Disabilities, the official TASH research journal (print copy)	X				1 COPY
Research and Practice for Persons with Severe Disabilities, (online access to current and archived issues)	X	X		X	X
Inclusive Practices, TASH's quarterly practitioner journal	X	X	X	X	X
Connections Library (includes access to 10 years of Connections 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

## 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Educator         | <input type="checkbox"/> Parent of a person with a disability              | <input type="checkbox"/> Government – State     |
| <input type="checkbox"/> Special Educator         | <input type="checkbox"/> Sibling of a person with a disability             | <input type="checkbox"/> Government – Local     |
| <input type="checkbox"/> Education Administrator  | <input type="checkbox"/> Other family member of a person with a disability | <input type="checkbox"/> Attorney               |
| <input type="checkbox"/> Transition Educator      | <input type="checkbox"/> Early Intervention Service Provider               | <input type="checkbox"/> Public Policy Advocate |
| <input type="checkbox"/> University Faculty       | <input type="checkbox"/> School-Aged Related Service Provider              | <input type="checkbox"/> Student                |
| <input type="checkbox"/> University Researcher    | <input type="checkbox"/> Adult Service Provider                            | <input type="checkbox"/> Other Advocate         |
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Government – Federal                              | <input type="checkbox"/> Other _____            |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Early Childhood          | <input type="checkbox"/> Community Living     | <input type="checkbox"/> Communication Access      |
| <input type="checkbox"/> K-12 Education           | <input type="checkbox"/> Aging Issues         | <input type="checkbox"/> Diversity & Social Impact |
| <input type="checkbox"/> Transition               | <input type="checkbox"/> Advocacy             | <input type="checkbox"/> Human Rights              |
| <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Public Policy        | <input type="checkbox"/> PBIS                      |
| <input type="checkbox"/> Employment               | <input type="checkbox"/> International Issues | <input type="checkbox"/> Recreation and Leisure    |
|   | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Referred by: \_\_\_\_\_

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

University \_\_\_\_\_

Department/Major \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

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

### Select Membership Level

- Professional  Associate  Self-Advocate, Family, DSP, Retiree  Student  Organization

### Subscription Type

Membership can be paid yearly or monthly. Yearly memberships can be set either to expire and be renewed manually, or automatically renew at the end of the membership period. Monthly memberships automatically renew each month until cancelled and can only be paid with a credit card.

- Yearly, automatic renewal  Yearly, manual renewal  Monthly, automatic renewal (credit card only)

### Payment Information

- |   |                                |   |
|---|--------------------------------|---|
| <input type="checkbox"/> Credit Card (select card type)                 | <input type="checkbox"/> Check | <input type="checkbox"/> Purchase Order |
| <input type="checkbox"/> American Express <input type="checkbox"/> Visa | (make payable to TASH)         | P.O. #: _____                           |
| <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover   |                                | (send copy with membership form)        |

Billing information Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Same as member information Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Add a tax-deductible donation to TASH?

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

Please submit this membership form via mail, fax or e-mail. If you have questions, please call (202) 817-3264.

1101 15th Street NW, Suite 206

E-mail: [info@tash.org](mailto:info@tash.org)

Washington, DC 20005

Fax: (202) 999-4722

[www.tash.org](http://www.tash.org) to learn more about TASH

[www.tash.org/join](http://www.tash.org/join) to become a TASH member

