Membership Form

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).

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 dues can be paid annually or monthly. A complete summary of member benefits can be found at www.tash.org/join.

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Regular</th>
<th>Reduced</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professional</td>
<td>Associate</td>
<td>Self-Advocate, Family, Supporter &amp; Retired</td>
</tr>
<tr>
<td>Research and Practice for Persons with Severe Disabilities, the official TASH research journal (print copy)</td>
<td>$195 year</td>
<td>$115 year</td>
<td>$55 year</td>
</tr>
<tr>
<td>Research and Practice for Persons with Severe Disabilities, (online access to current and archived issues)</td>
<td>$17 month</td>
<td>$10 month</td>
<td>$5 month</td>
</tr>
<tr>
<td>Inclusive Practices, TASH's quarterly practitioner journal</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Connections Library (includes access to 10 years of Connections archives)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TASH webinar archive</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reduced registration rates for TASH conferences and events</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Discounts for TASH Training webinars, publications &amp; other offerings</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access to TASH’s professional network, forums &amp; blogs</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Affiliation with a TASH Chapter (includes policy and expertise, Capitol Hill Days, Chapter communications &amp; activities)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advocacy Alerts &amp; Updates</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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 & Social Impact
- 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

Monthly membership must be paid with a credit card for automatic renewal purposes.

Credit Card (select card type)  Check (make payable to TASH)  Purchase Order

- American Express
- Visa
- MasterCard
- Discover
- P.O.: ________________________________

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) $: ______________________

Memberships paid on a credit card automatically renew.
- Do not automatically renew my membership

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

1825 K Street NW, Suite 1250 E-mail: info@tash.org
Washington, DC 20006 Fax: (202) 999-4722

www.tash.org to learn more about TASH
www.tash.org/join for an overview of member benefits