

ADDITIONAL INSTITUTIONAL MEMBERS

Please provide the name and contact information for any additional Institutional members from your institution. Use additional paper if necessary. There is a \$10.00 charge for each additional Institutional member, above the five allowed by the Institutional membership,

Name: _____ Title: _____
Institution/Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
TTY Number: _____ Email Address: _____

Name: _____ Title: _____
Institution/Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
TTY Number: _____ Email Address: _____

MEMBERSHIP CATEGORY DESCRIPTIONS

Institutional Membership – An Institutional membership shall be granted to any post-secondary institution (4-year, 2-year or private) which pays annual dues. This level of membership allows up to five individuals from an institution to be members of the organization. Additional members from that institution may be added at an additional cost. Each individual who is a member through an Institutional membership is entitled to one vote and is eligible to hold office. Annual Dues: \$100.00 (+ \$10.00 for each additional member over five)

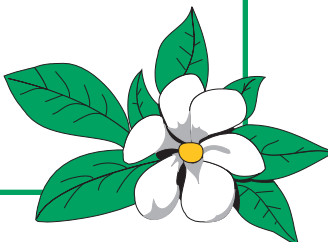
Professional Individual I Membership – A Professional Individual I member shall be any individual person actively working at a Mississippi post-secondary institution, whose institution chooses not to become an institutional member. Each Professional Individual I member is entitled to one vote and is eligible to hold office. Annual Dues: \$25.00

Professional Individual II Membership – A Professional Individual II member shall be any individual working in a setting other than a post-secondary educational institution to enhance educational opportunities for people with disabilities. Each Professional Individual II member is entitled to one vote and is not eligible to hold office. Annual Dues: \$30.00

Student Membership – A Student member shall be any student interested in the field of disability services in higher education and/or participating in those services. Each Student member is entitled to one vote and is not eligible to hold office. Annual Dues \$10.00

Advocate Membership – An Advocate member shall be any person, not employed by a post-secondary institution or other disability-related agency, who has a sincere interest in supporting and advancing educational opportunities for people with disabilities. An Advocate member is entitled to one vote and is not eligible to hold office. Annual Dues: \$10.00

Retired Membership – A Retired member shall be any individual who is retired from a profession of working to enhance educational opportunities for people with disabilities. Each Retired member is entitled to one vote and is not eligible to hold office. Annual Dues: \$10.00



MEMBERSHIP APPLICATION

Please submit all four pages of this form and your payment by U.S. Mail to:

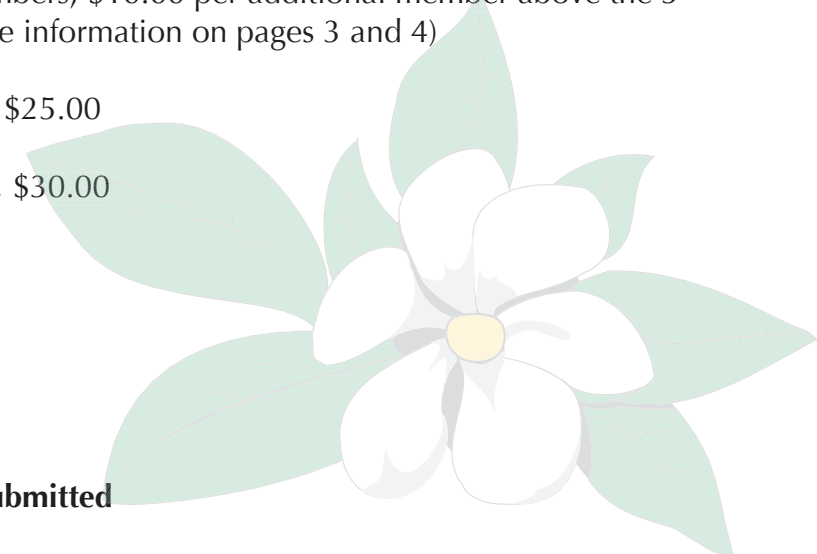
**Mississippi AHEAD
Membership Committee
3825 Ridgewood Road, Suite 519
Jackson, MS 39211**

Date: _____
Name: _____ Title: _____
Institution/Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
TTY Number: _____
Email Address: _____
Institution/Organization Website Address (optional): _____

MEMBERSHIP CATEGORY

To determine your membership category, please review the membership category information on page four (4) of this application:

- _____ Institution Membership, \$100.00 (Includes 5 members, complete all information on page 3)
- _____ Additional Institutional Members, \$10.00 per additional member above the 5 members allowed (Complete information on pages 3 and 4)
- _____ Professional Individual I Membership, \$25.00
- _____ Professional Individual II Membership, \$30.00
- _____ Student Membership, \$10.00
- _____ Advocate Membership, \$10.00
- _____ Retired Membership, \$10.00
- _____ **Total Amount of Membership Dues Submitted**



ACCOMMODATIONS

If you require alternate format printed materials as an accommodation for a disability, please provide us with your preferred method of alternate format:

- _____ Large Print
- _____ Braille
- _____ E-Text
- _____ Cassette Tape
- _____ Other: _____

COMMITTEES AND OTHER ASSISTANCE

If you are interested in serving on a committee or providing other assistance to Mississippi AHEAD, please select a subject of interest. If you have an Institutional membership, please provide the name of the interested Institutional member next to the subject.

- _____ Membership _____
- _____ Nominations & Elections _____
- _____ Conferences & Workshops _____
- _____ Communications (newsletter, website, etc.) _____
- _____ Other _____

SPECIAL INTEREST GROUPS (SIG)

We hope in the future to have special interest groups available for interested members. If you are interested in participating in a SIG, please select a subject of interest. If you have an Institutional membership, please provide the name of the interested Institutional member next to the subject.

- _____ Career Planning/Placement _____
- _____ Blind/Low Vision _____
- _____ Deaf/Hard of Hearing _____
- _____ Four-Year Institution Concerns _____
- _____ International Students/Study Abroad _____
- _____ LD/ADHD _____
- _____ Mobility Issues _____
- _____ Private School Concerns _____
- _____ Psychiatric _____
- _____ Student Athletes w/ Disabilities _____
- _____ Technology/IT _____
- _____ Traumatic Brain Injuries _____
- _____ Two-Year Institution Concerns _____
- _____ Universal Access/Diversity _____
- _____ Other _____

PAYMENT INFORMATION

- 1.) The Mississippi AHEAD membership year is July 1 – June 30 of each year. Members who join during the last quarter of the calendar year will receive a membership for the following year.
- 2.) At this time, we accept payment in the following formats: personal/institutional check, money order or cashier’s check. Checks should be made out to: Mississippi AHEAD.
- 3.) Mississippi AHEAD’s FEIN# is 61-1516503.
- 4.) Payment Type: _____ Personal/Institutional Check, Check # _____
 _____ Money Order, Order # _____
 _____ Cashier’s Check, Check # _____
- 5.) Send all pages of this application by U.S. Mail to the address listed on page 1.

If you have questions, please contact the Membership Committee by emailing: membership@MS-AHEAD.org

INSTITUTIONAL MEMBERSHIP

Please provide the name and contact information for the **four other** Institutional members from your institution.

Name: _____ Title: _____
 Institution/Organization: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ Fax Number: _____
 TTY Number: _____ Email Address: _____

Name: _____ Title: _____
 Institution/Organization: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ Fax Number: _____
 TTY Number: _____ Email Address: _____

Name: _____ Title: _____
 Institution/Organization: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ Fax Number: _____
 TTY Number: _____ Email Address: _____

Name: _____ Title: _____
 Institution/Organization: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ Fax Number: _____
 TTY Number: _____ Email Address: _____