



# TASH Membership Form

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

Organizational members fill out the following fields for the Primary Contact only.

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	
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
Connections, the quarterly magazine written by and for TASH members	X	X	X	X	X
Connections Library ( includes access to 10 years of Connections archives)	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)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> General Educator        | <input type="checkbox"/> Person with a disability                          | <input type="checkbox"/> Government – Federal   |
| <input type="checkbox"/> Special Educator        | <input type="checkbox"/> Parent of a person with a disability              | <input type="checkbox"/> Government – State     |
| <input type="checkbox"/> Education Administrator | <input type="checkbox"/> Sibling of a person with a disability             | <input type="checkbox"/> Government – Local     |
| <input type="checkbox"/> Transition Educator     | <input type="checkbox"/> Other family member of a person with a disability |   |
| <input type="checkbox"/> University Faculty      |  | <input type="checkbox"/> Attorney               |
| <input type="checkbox"/> University Researcher   | <input type="checkbox"/> Early Intervention Service Provider               | <input type="checkbox"/> Public Policy Advocate |
|  | <input type="checkbox"/> School-Aged Related Service Provider              | <input type="checkbox"/> Other Advocate         |
|  | <input type="checkbox"/> Adult Service Provider                            | <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"/> Assistive Technology            |
| <input type="checkbox"/> K-12 Education           | <input type="checkbox"/> Aging Issues         | <input type="checkbox"/> Communication                   |
| <input type="checkbox"/> Transition               | <input type="checkbox"/> Advocacy             | <input type="checkbox"/> Diversity & Cultural Competency |
| <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Public Policy        | <input type="checkbox"/> Human Rights                    |
| <input type="checkbox"/> Employment               | <input type="checkbox"/> International Issues | <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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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. With questions, contact (202) 540-9020.

2013 H Street, NW, Suite 715

Washington, DC 20006

Fax (202) 540-9019

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

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

[www.tash.org/join](http://www.tash.org/join) for an overview of member benefits

