Membership Registration Form

Children's Disabilities Information Coalition
“The premiere Information Source On Children’s Disabilities

Mailing Address: 1101 E. Schuster
El Paso, TX 79902
(915)217-2747

Application Status:
☐ Professional—$10
☐ Parent—$5
☐ Student—$5

Name: ___________________________________________________________

Address: ___________________________________________________________

City:  ___________________________________________________________

Home Phone: _____________________________________________________

E-mail:  ___________________________________________________________

Areas of Interest: (Please check all applicable)
☐ Professional Trainings  ☐ Parent Trainings
☐ Attend Annual Symposium  ☐ Presenter Annual Symposium
☐ Volunteer at Annual Symposium  ☐ Monthly Meeting
☐ Parent Support Groups  ☐ Parent Educator Volunteer
☐ Participate in Recreational Activities  ☐ Other ______________________
☐ Participate in Fund Raising Activities

Payment Method: ☐ Check  ☐ Cash  Receipt#:________________
(Make check payable to CDIC)

Date of Payment/ Membership Anniversary:___________________________

“Together We Can Make A Difference”