

# Children's Disabilities Information Coalition

"The premiere Information Source On Children's Disabilities"



## Membership Registration Form

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)

- |   |   |
|---|---|
| <input type="checkbox"/> Professional Trainings                 | <input type="checkbox"/> Parent Trainings           |
| <input type="checkbox"/> Attend Annual Symposium                | <input type="checkbox"/> Presenter Annual Symposium |
| <input type="checkbox"/> Volunteer at Annual Symposium          | <input type="checkbox"/> Monthly Meeting            |
| <input type="checkbox"/> Parent Support Groups                  | <input type="checkbox"/> Parent Educator Volunteer  |
| <input type="checkbox"/> Participate in Recreational Activities | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> 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"