****

**Florida Association on Higher Education and Disability (FL-AHEAD)**

**www.flahead.org**

FL-AHEAD is a non-Profit Organization (501-C3) ***TAX ID: 26-3552306***

 **Membership Application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Title: |  |
| Institution/Organization: |  |
| Address: |  |
|  |
| City/State: |  |  | Zip Code: |  |
| Telephone: |  |  | Fax: |  |
| TTY: |  |  | Email: |  |
| Web site: |  |

Membership Status:

* New
* Renewal

**Membership runs 7/1/20 – 6/30/21**

# Membership Category

|  |  |  |
| --- | --- | --- |
|  |  | Individual Professional, $ 25 |
|  |  | Institutional Basic, $70 (includes 3 members, complete information below and on page two) |
|  |  | Institutional Plus, $100 (includes 5 members, complete information below and on page two) |
|  |  | Associate, $35 |
|  |  | Pre-Professional (Graduate Student), $15 |
|  |  | Student (Undergraduate), $10 |
|  |  | Emeritus Professional, $10 |

As an accommodation for a disability, please provide printed Association materials in (on):

|  |  |  |
| --- | --- | --- |
|  |  | Braille |
|  |  | E-text |
|  |  | Large Print |

For Institutional Basic/Plus Members – Please provide the contact information for the two other full Professional Members from your institution. Institutional Plus Members may provide information for four other members. Additional members can be purchased at $20 per member.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | Title: |  |
| Address: |  |
|  |
| City/State: |  |  | Zip Code: |  |
| Telephone: |  |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | Title: |  |
| Address: |  |
|  |
| City/State: |  |  | Zip Code: |  |
| Telephone: |  |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | Title: |  |
| Address: |  |
|  |
| City/State: |  |  | Zip Code: |  |
| Telephone: |  |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | Title: |  |
| Address: |  |
|  |
| City/State: |  |  | Zip Code: |  |
| Telephone: |  |  | Fax: |  |
| TTY: |  |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | Title: |  |
| Address: |  |
|  |
| City/State: |  |  | Zip Code: |  |
| Telephone: |  |  | Email: |  |

**Payment Information:**

Credit Card payments must be made online through PayPal: <http://flahead.org/paypal/>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Check enclosed payable to FL-AHEAD |  | Check #: |  |

A service fee of $12.00 will be charged for checks returned unpaid and a Redeposit Fee of $14.00 will be charged

|  |  |  |
| --- | --- | --- |
|  | Purchase Order #  |  |

Purchase orders with insufficient amount will be returned.

**Membership Year: July 1 – June 30 yearly; No pro-rated membership will be considered.**

Please submit both pages of this form and payment made out to FL-AHEAD to:

Attention: Ashley Gorion, FL-AHEAD Treasurer

 Student Accessibility Services

 University of Central Florida

 PO Box 160161

 Orlando, FL 32816-0161

 Phone: 407-823-2371

 Ashley.gorion@ucf.edu

***Please note: Membership on the Florida Postsecondary Disability Service Providers listserv is not automatic with FL-AHEAD membership.***

***To join the FPDSP listserv, please send an email to*:** **jimmy.yawn@sfcollege.edu****.**

FOR OFFICE USE ONLY: ***Do not write below this line.***

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Processed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_

Membership List Updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt/Email Sent On:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: