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# Florida Association on Higher Education and Disability (Florida AHEAD) https://flahead.org

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

If you need this application or any Florida AHEAD document in alternative format, please contact Treasurer@FLAHEAD.org

## Membership Application

**Membership run 7/1/2024 – 6/30/2025**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/Organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Status:  
 New  
 Renewal

## Membership Category

Individual Professional, $25.00

Institutional Basic, $70.00 (includes 3 members, complete information on next page)

Institutional Plus, $100.00 (includes 5 members, complete information on next page)

Associate, $35.00

Pre-Professional (Graduate Student), $15.00

Student (Undergraduate), $10.00

Emeritus Professional, $10.00

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

Braille

E-text

Large Print

For Institutional Basic Members – Please provide the contact information for the two other full Professional Members from your institution.

For Institutional Plus Members – Please may provide information for up to the four other members.

Additional member slots can be purchased at $20.00 per member. (Please attach the information for each additional person with this application.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Payment Information

Membership year is July 1 – June 30 annually; we do not pro-rate memberships.

### Credit Card

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

### Check

Check enclosed payable to Florida AHEAD

Check Number:

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 Order Number:

Purchase orders with insufficient amount will be returned.

Please submit all pages of this form and payment made out to Florida AHEAD to:

Attention: Katherine Morgan, Florida AHEAD Treasurer  
University of Florida  
Disability Resource Center  
1316 Museum Road  
Gainesville, Florida 32611

Phone: 352.392.8565  
Email: [admin@flahead.org](mailto:admin@flahead.org?subject=Membership%20Form)

***Please note: Florida AHEAD will add or update membership to the*** [***members@flahead.org***](mailto:members@flahead.org) ***and*** [***fast@flahead.org***](mailto:fast@flahead.org) ***Listervs. If you experience difficulty in posting to these listservs after a new membership application or renewal, please contact*** [***webmaster@flahead.org***](mailto:webmaster@flahead.org) ***for assistance.***

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: