



## 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](mailto:Treasurer@FLAHEAD.org)

### Membership Application

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

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

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

Institution/Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Membership Status:

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

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

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

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

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

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

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

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

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

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

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

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

## **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, FL 32611

Phone: 352-392-8565

Email: [admin@flahead.org](mailto:admin@flahead.org)

***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) Listservs. 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.***

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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: