



# Alliance Membership Application

The Alliance is proud to be an initiative of the Illinois Council on Developmental Disabilities

<b>Contact Information</b>	
Group Name	
Address	
Number of Members	Meeting day/time/location
<p>Does the group have a mission/vision statement? <span style="float: right;">YES      NO</span></p> <p style="text-align: right;">circle one</p> <p>If YES, what is the mission/vision statement?</p>	
<p>Does the group have goals? <span style="float: right;">YES      NO</span></p> <p style="text-align: right;">circle one</p> <p>If YES, what are the group's goals?</p>	
<p>Does the group have a website and/or Facebook page? <span style="float: right;">YES      NO</span></p> <p style="text-align: right;">circle one</p> <p>If YES, what is the website and/or Facebook page?</p>	



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In what ways is the group involved in agency/organization advocacy?

What skills and strengths do you bring to The Alliance self advocacy community?

In what community/volunteer activities is the group involved?

In what ways is the group involved in statewide advocacy?

What problems facing people with disabilities matter most to your group?



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What level of membership is your group applying for? (circle one)

Gold

Silver

Bronze

For levels and descriptions,  
please see the Alliance Membership Levels and Benefits

Self-Advocate Representative Name and Signature	Date



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## To Be Completed by Applicant's Ally/Advisor

Please share why the applicant is a good candidate for The Alliance, as well as how they have participated in advocacy.

Please share how you will support the applicant in being part of The Alliance, including

- Meeting space at the agency/organization/other location
- Transportation to and support for activities/events
- Support for participating in and/or presenting at webinars
- Support and space for participating in conference calls

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Ally/Advisor Name and Signature	Date
Email Address	Phone

**To Be Signed by Applicant’s Agency/Organization  
President/CEO/Executive Director – By my signature, I agree to support the membership of the applicant in The Alliance:**

Name and Signature	Date
Email Address	Phone