



Alliance Membership Application

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

Contact Information

Group Name (if you have one)

Address

Number of Members

Meeting day/time/location

Does the group have a mission/vision statement?

YES NO
circle one

If YES, what is the mission/vision statement?

Does the group have goals?

YES NO
circle one

If YES, what are the group's goals?

Does the group have a website and/or Facebook page?

YES NO
circle one

If YES, what is the website and/or Facebook page?



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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

To Be Completed by Applicant's Ally/Advisor

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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Self-Advocate Representative Name and Signature	Date
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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

Application revised May 2019