



Membership Application

Date of Application _____ New _____ Renewal _____

Member Name _____ Spouse Name _____

Street Address _____

City _____ State _____ Zip _____ +4 _____

Home Phone _____ Cell Phone or Pager _____

E-mail _____ @ _____

Member Employed by _____ Member Work Phone _____

Spouse Employed by _____ Spouse Work Phone _____

Is either company a Matching Funds Company? _____

Person with Developmental Disability

Name _____ Birthdate _____ Sex _____

Type of Disability _____

Is this person receiving a Medicaid Waiver service? If so, what? _____

Is this person currently on the waiting list for a waiver? _____

Membership Dues

- \$25.00 Family
- \$25.00 Volunteer
- \$40 Mental Health Professional / Education Professional
- \$100 Elected Official
- \$150 Small Business/Church/Civic Group
- \$250 Corporate Sponsorship
- \$ _____ Additional donation to Right in the Community, Inc. (In Honor or Memory of _____)

**Please make check payable to Right in the Community and mail to
Right in the Community-615 Roswell Street NE, Suite 150, Marietta, GA 30060-2147.**