

MEMBERSHIP FORM Type of membership (please check one):

\$10 individual \$50 non-profit \$100 for-profit/business

Name _____

Title _____

Organization/Company _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ Fax _____

E-mail _____

Make check payable to: Metro Disability Coalition and mail to

MDC, P. O. Box 8086, Louisville, KY 40257