



1050 Government Street • Mobile, AL 36604-2404

Member Registration Form

Personal Information

Name _____ Date _____

Address _____

Email _____ Home phone ()

Communication preference Phone Email U.S. mail Business phone ()

Cell phone ()

Please tell us about your interest in disability issues _____

Other organizations you have worked with _____

If interested in volunteering, time you could make available

Hrs/wk:

Preferred days:

Additional Notes

Note: If interested in leadership roles please complete the back side of this form.

Leadership Interests

What leadership areas interest you?

Past/current leadership positions

Knowledge you would like to gain

How would you like to help us?

Board of Trustees – if interested

Life experience you would bring to the board

What would you hope to accomplish on this board?

What benefits would you expect from board membership

Additional Notes