



TASH

Membership Application

New Membership Membership Renewal Referred by _____

Member Type: Individual Organization (*org. member name*): _____

First Name: _____ Last Name: _____

Address: _____

City/State/ZIP: _____ Country: _____

Phone 1: _____ Primary E-mail 1: _____ Primary

Phone 2: _____ Primary E-mail 2: _____ Primary

(*Organization Members Only*) Are you the primary contact? Yes No

Primary Contact Name: _____

Phone: _____ E-mail: _____

Membership Level

TASH offers membership at a variety of levels. Please review the details below and choose the membership level that is appropriate for you. Individual and organizational memberships are available. Membership is valid for a 12 month term. A complete summary of member benefits can be found at www.tash.org/join.

	Regular		Reduced		Organization	
	Standard \$75	Professional \$150	Advocate \$30	Student \$45	Small Org \$250	Large Org \$350
Research and Practice for Persons with Severe Disabilities, the official TASH research journal (print copy)		X			1 COPY	1 COPY
Research and Practice for Persons with Severe Disabilities, (online access to current and archived issues)	X	X		X	X	X
Connections, the quarterly magazine written by and for TASH members (includes access to 4 latest issues)	X	X	X	X	X	X
Connections Library (includes access to 40 years of Connections archives)	X	X		X	X	X
Discounts on TASH webinars	X	X	X	X	3 STAFF	5 STAFF
TASH webinar archive		X				5 STAFF
Discounts on TASH Conference and events	X	X	X	X	3 STAFF	5 STAFF
Affiliation with a TASH Chapter (includes chapter support, policy, and expertise)	X	X	X	X	X	X
Advocacy Alerts & Updates	X	X	X	X	X	X
TASH in Action bi-weekly e-newsletter	X	X	X	X	X	X
----->	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select

*Student members are required to identify university: _____

Demographic Information *(optional)*

Which of the following best describes you? *(select all that apply)*

- Person with Disability Family Member Student Professor/Researcher Early Intervention
 Adult Service Provider/Related Services Special/General Educator Govt/Legal/Public Policy
 Other _____

What is your race or ethnicity? *(select all that apply)*

- American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Black or African American
 White/Caucasian Hispanic/Latino Other _____

Are you affiliated with a university? If so, please specify: _____

Please indicate your areas of interest *(select all that apply)*

- Community Living Early Childhood Education Self-Advocacy Public Policy International Issues
 Employment/Transition Positive Behavioral Interventions and Supports Cultural Competency/Diversity
 Human Rights/Social Justice

Payment Information

Credit Card *(select card type)*

- American Express Visa
 MasterCard Discover

Check *(make payable to TASH)*

Purchase Order

P.O. #: _____

(send copy with membership form)

Card #: _____ Expiration: _____

Name on Card: _____ CVV: _____

Authorized Signature: _____

Would you like to make a tax-deductible donation to TASH?

- \$10 \$25 \$50 \$100 \$ _____

Total Payment *(add membership total and donation, if applicable)* \$: _____

Please submit this membership form via mail, fax or e-mail. With questions, contact (202) 540-9020.

TASH

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Washington, DC 20006

Fax (202) 540-9019

E-mail info@tash.org

www.tash.org to learn more about TASH
www.tash.org/join for an overview of member benefits

