



Membership Enrollment Form (2014-15)

Name: _____

Address: _____

Phone: _____

E-mail: _____

_____ I wish to receive the CDR Newsletter via e-mail.
Check

Type:

- Individual \$20.00 Family \$25.00 Premium Individual \$50.00
- Premium Family – \$100.00

All Memberships run from October to September of the calendar year, except that Memberships enrolled with less than 3 months left on the year will extend an additional year.

Premium Individual Membership shall entitle the member to one CDR annual meeting ticket gratis.

Premium Family Membership shall entitle the member to two CDR annual meeting tickets gratis.

*Center for Disability Rights
764-B Campbell Ave.
West Haven, CT 06516*