



**2008-2009 ANNUAL MEMBERSHIP FORM**

(Membership year is October 1, 2008 through September 30, 2009)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

PHONE: HOME: \_\_\_\_\_ (Area Code) WORK: \_\_\_\_\_ (Area Code)

**Do you wish to be on our confidential E-Mailing List for ASCF Activity & Alert Updates?**

\_\_\_\_\_ YES \_\_\_\_\_ NO (no one else will see your name on the e-mail)

**EMAIL ADDRESS: (please print clearly):** \_\_\_\_\_

Does your Employer have a Matching Fund Program? \_\_\_\_\_ YES \_\_\_\_\_ NO

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

**TYPE OF MEMBERSHIP:**  RENEWAL  NEW

Membership fee is \$35.00. Please make checks payable to ASCF and mail to P.O. Box 494, Hewitt, NJ 07421

*We do not turn down membership for those who are unable to pay.*

*If you are unable to pay full membership fee at this time, please enclose what you can for ASCF membership.*

\_\_\_\_\_ I am a family member of a special individual. My relationship is \_\_\_\_\_.

\_\_\_\_\_ I am a special needs adult. My disability is \_\_\_\_\_.

\_\_\_\_\_ I am a professional in the field of \_\_\_\_\_.

\_\_\_\_\_ I am a concerned individual who would like to support the Association for Special Children & Families.

*ASCF is adamant is maintaining confidentiality of all personal information about its members. We do not share our lists with anyone.*

**DONATIONS:**

\$ \_\_\_\_\_ Sandra Jaeger Scholarship Fund

\$ \_\_\_\_\_ Children's Programs

\$ \_\_\_\_\_ Nickie Special Respite Fund

\$ \_\_\_\_\_ Other \_\_\_\_\_

Thank you for your support. ASCF is a not -for-profit, 501 C 3 organization. All Donations are tax deductible as allowable by law.

How can ASCF best support you and your family? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**FAMILY INFORMATION**  
 (please list ALL children and/or young adults)

Child's Name	Special Child	Sibling	Birth Date	Disability	School Placement

**PROGRAM INTEREST(S) - PLACE A CHECK (✓) NEXT TO YOUR INTERESTS**

SPECIAL CHILDREN'S PROGRAMS	SUPPORT & TRAINING	VOLUNTEER OPPORTUNITIES
SUMMER CAMP WEEK	DISABILITY/SPECIAL ED WORKSHOP	SERVE ON A COMMITTEE
SPORTS	ADVOCACY SUPPORT	PARENT MENTOR
GYMNASTICS	PARENTING EDUCATION	PARENT GROUP FACILITATOR
DISCOVERY SATURDAY (SCIENCE)	GENERAL PARENT SUPPORT GROUP	RESOURCE PARENT / ADVOCATE
CREATIVE ARTS	ADHD / LD PARENT GROUP	FACILITATE CHILDREN'S GROUP
SOCIAL SKILLS GROUP	AUTISM SPECTRUM PARENT GROUP	FUNDRAISING ACTIVITIES
MUSIC THERAPY	SIBLING GROUP	SPEAKERS BUREAU
FAMILY OUTINGS	FATHER'S GROUP	OFFICE HELP
PARTIES AND SPECIAL EVENTS		COMMUNITY ADVISORY COUNCIL

Groups / Organizations with whom you are associated: \_\_\_\_\_  
 \_\_\_\_\_

Have there been any professionals and / or agencies helpful to you that you would like to share with others? \_\_\_\_YES \_\_\_\_NO  
 If YES, please provide the Name, Address, Phone Number and Specialty:

\_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to speak to another parent about the above information? \_\_\_\_\_ YES \_\_\_\_NO

**ASCF is the Passaic County Resource Center for SPAN (Statewide Parent Advocacy Network).  
 It serves as the Highlands Parent Center and is funded by the U.S. Department of Education.  
 We are the first federally funded Community Parent Resource Center in New Jersey.**