



2010-11 ANNUAL MEMBERSHIP APPLICATION

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

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

ADDRESS: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_
(Area Code) (Area Code) (Area Code)
City State Zip

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

Do you wish to be on our list for Activity & Alert Updates? \_\_\_\_\_ YES \_\_\_\_\_ NO )

Funders sometimes ask employers of our members. Would you please share this information with us?

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

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

Does your employer have a Matching Fund Program \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Does your employer have a Matching Fund Program \_\_\_\_\_ Yes \_\_\_\_\_ No

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. .

\_\_\_\_\_ 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 an ASCF volunteer. Specify: \_\_\_\_\_

\_\_\_\_\_ 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.

WOULD YOU LIKE TO MAKE A DONATION?

\$ \_\_\_\_\_ CHILDREN'S PROGRAMS (HELPS, SPECIAL TIMES RECREATION AND SOCIAL ACTIVITIES)

\$ \_\_\_\_\_ RESPITE FUND GENERAL ASCF \$ \_\_\_\_\_

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

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

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

\*\* FORM CONTINUES ON THE BACK\*\*\*\*\*PLEASE TURN FORM OVER \*\*

## FAMILY INFORMATION

Please list ALL children and/or young adults in your family

Child's Name	Special	Sibling	Birth Date	Disability	School Placement

### ASCF PROGRAMS: PLACE A CHECK (✓) NEXT TO YOUR INTERESTS

CHILDREN'S PROGRAMS	SUPPORT GROUPS	VOLUNTEER OPPORTUNITIES
SUMMER ACTIVITIES	GENERAL PARENT GROUP	BOOST TUTOR
SPORTS (SOCCER, BASKETBALL)	BEHAVIOR PARENT GROUP	COMMUNITY ADVISORY COUNCIL
SOCIAL SKILLS GROUP	BLOOMINGDALE GROUP	ADVOCATE
DISCOVERY SATURDAY (SCIENCE)	SUSSEX COUNTY GROUP	FACILITATOR OF CHILDREN'S ACTIVITIES
MUSIC THERAPY	DAD'S GROUP	FUNDRAISING ACTIVITIES
BOOST TUTORING PROGRAM	FOSTER & ADOPTIVE PARENT GROUP	OFFICE HELP

MISC	TRAININGS	WHAT'S YOUR SPECIALTY ???
FAMILY OUTINGS	DISABILITY AWARENESS TRAININGS	
PARTIES AND SPECIAL EVENTS	SPECIAL EDUCATION WORKSHOPS	
ADVOCACY ONE ON ONE SUPPORT	PARENTING EDUCATION	

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:

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Would you be willing to speak to another parent about the above information?  YES  NO

**How** can ASCF best support you and your family?

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*Please make checks payable to ASCF, Post Office Box 494, Hewitt, NJ 07421*

**Membership Benefits:** *Priority registration and discounts to our activities; One time written IEP review by one of our advocates; You will be a member of our family of parents and children, advocates, professionals, and community, working together to support families of children with disabilities.*

**ASCF: Highlands Parent Center, the only federally-funded Community Parent Resource Center in New Jersey  
 Passaic County Resource Center for SPAN (Statewide Parent Advocacy Network)  
 EPIC (Every Person Influences Children) Passaic County representative**