

Adults with Developmental Disabilities  
261 Old York Road Suite A50  
Jenkintown, PA 19046  
(215) 886-9990

**MEMBERSHIP APPLICATION FOR 2006-2007**

Date \_\_\_\_\_

**Personal Information (PLEASE PRINT ALL INFORMATION)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address \_\_\_\_\_

**Parents/Guardians**

Father's Name _____	Mother's Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (____) _____	Phone (____) _____
Occupation _____	Occupation _____
Work (____) _____	Work (____) _____
Email address _____	Email address _____
Other Family Members/ Advocates/ Interested Parties: Name _____	
Relationship _____	Email address _____

**CLA/ILA Information**

Agency Name \_\_\_\_\_ Move in date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Residential Director \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Current Employment**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_

**Education**

Name of School	Dates of Attendance	Area of Study
_____	_____	_____
_____	_____	_____

**Primary Caregiver (Person responsible for member)**

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**(PLEASE TURN OVER->)**

**Case Manager / Advocate**

Base Service Unit or Agency Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

County Case manager? Yes \_\_\_ No \_\_\_

Case Manager Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person completing this form \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Can we include your name, address, email address and phone number in the member's phone list? Yes \_\_\_ No \_\_\_

Can we include your name & photo on the ADD website and on any publication materials created by the agency? Yes \_\_\_ No \_\_\_

Comments:

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

Office use only:

Date Rec'd \_\_\_\_\_

The Adults with Developmental Disabilities program is open to persons regardless of race, religion, color, gender, age, sexual orientation, national origin or physical abilities.