

Disabled In Action of Metropolitan New York

P.O. Box 1550
New York, NY 10159 - 1550
(646) 504-4DIA (646-504-4342)
www.DisabledInAction.org



Membership Form

Name: _____ Phone 1 _____

Address: _____ Phone 2 _____

City: _____ State: _____ Zip: _____ Zip +4 _____

Email: _____

How do you prefer to be contacted: *(we will try to accommodate your preference)*
(you may simply choose one or number the selections to prioritize)

Phone _____ Email _____ Text _____

DIA Membership Dues

It is important to pay your dues so DIA will have the funds to do its work. Members who do not stay current with dues will lose their voting rights and eventually be dropped from the mailing list. Annual dues are \$10 to \$25, depending on what you can afford. If someone has a particular financial situation that makes payment untenable, special arrangements are possible by contacting the Treasurer at (646) 504-4342. Membership is not denied because of ability to pay.

I want to join and my annual dues of \$_____ are enclosed. My dues and this application will be mailed to the address at the top of this form. Make checks payable to *Disabled In Action*. You may also pay using PayPal on our website. DIA membership runs from January 1 through December 31.

We ask that all members fill out the inventory survey on the reverse side and pitch in with the work.

DIA MEMBER
SKILLS AND INTERESTS INVENTORY

As a grassroots, advocacy organization, we hope you will be involved with our work. That includes contacting your elected officials and working on issues and organizing. Please fill out this form so we can connect your interests and skills with what we do.

(Please give the name and district of your elected officials)

City Council Rep: _____ District: _____

State Senator: _____ District: _____

State Assembly: _____ District: _____

Congress Rep: _____ District: _____

Indicate Your Interests:

Please indicate your priorities by putting a number next to the following areas:

Transportation _____ Access-a-Ride _____ Taxis _____

Health care _____ Medicaid _____ Home care _____ Access _____

Organization & Management _____ Voting & Elections _____

Other: _____

Please Indicate the days and times you could be available to work for DIA:

Please indicate your abilities and limitations to travel to meetings and events:

Skills

(Also indicate areas where you are interested in developing any of these skills?)

Writing _____ Phone work _____ Data entry _____

Record keeping _____ Scheduling _____ Monitor web sites _____

Social Media _____ Attend actions _____ Organize events _____

Research _____ Web site maintenance _____ Monitor newspaper _____

Other Skills: _____

Suggestions and Comments: _____
