

MOCEANS CENTER FOR INDPENDENT LIVING, INC.

MEMBERSHIP ENROLLMENT FORM

I am interested in joining MOCEANS CIL in furthering its mission to support and promote choice, independence and self-determination in the lives of all people with disabilities, giving each individual full and equal access in the community.

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE _____

MEMBER CATEGORIES - PLEASE CHECK THE RIGHT CATEGORY FOR YOU:

- | | | |
|-------|---|----------|
| _____ | INDIVIDUAL MEMBERSHIP | \$ 12.00 |
| _____ | INDIVIDUAL W/ONE FAMILY MEMBER MEMBERSHIP | \$ 20.00 |
| _____ | INDIVIDUAL W/MORE THAN ONE FAMILY MEMBER
(\$5.00 EACH ADD'T MEMBER) | \$ _____ |
| _____ | NON-PROFIT ORGANIZATION MEMBERHSIP | \$ 35.00 |
| _____ | SMALL BUSINESS MEMBER (LESS > 50 EMPLOYEES) | \$ 50.00 |
| _____ | CORPORATION MEMBER (OVER 50 EMPLOYEES) | \$100.00 |
| _____ | STUDENT MEMBERSHIP * | \$ 5.00 |
| _____ | OTHER (NON-MEMBER/VOLUNTARY CONTRIBUTION | \$ _____ |
| | ENCLOSED IS MY TOTAL REMITTANCE
(CHECK PREFFERED PAYABLE TO MOCEANS CIL) | \$ _____ |

*Students of any grade level can join. Please give name of school and interests.

We would like to thank you in advance for your support

Contributions to MOCEANS CIL are tax-deductable. Tax ID# 22-3468867

MOCEANS CIL

279 BROADWAY – SUITE 201

LONG BRANCH, NJ 07740