

MOCEANS Center for Independent Living Membership 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 _____

TELEPHONE _____ DOB _____

EMAIL ADDRESS _____

FAMILY MEMBER(S) _____

LEVEL OF MEMBERSHIPS

Individual	\$10.00
Individual (w/more than 1 family member @ 5.00 for each additional member.)	\$ _____
Non-profit Organization	\$35.00
Small Business (less than 50 employees)	\$50.00
Corporate (Over 50 employees)	\$100.00
Student	\$5.00
Other (Non-Member/Donation)	\$5.00

Make check payable to: MOCEANS CIL

Mail to:

MOCEANS Center for Independent Living
279 Broadway, Suite 201
Long Branch, NJ 07740