



SAGINAW ADVOCACY for INDIVIDUALS with DISABILITIES

### Membership Application

PLEASE CHECK ONE: PARENT PROFESSIONAL INDIVIDUAL

MEMBERSHIP IS FREE...BUT WE WOULD GLADLY ACCEPT YOUR DONATION

DONATION \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

CHILD (1) \_\_\_\_\_ Individual w/disability  Yes  No

CHILD (2) \_\_\_\_\_ Individual w/disability  Yes  No

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE AGE BRACKET FOR EACH MEMBER WITH A DISABILITY.

0-4 5-9 10-14 15-19 20-34 35-54 55-64 65+

MAIL TO: S.A.I.D.  
919 Veterans Memorial Parkway  
Saginaw, Michigan 48601  
Fax 989-752-3111

THANK YOU FOR SUPPORTING S.A.I.D.!!

New Member  Renewal