



Collaborative on Faith & Disability

Membership Form

Contact Information

| | |
|------------------------|--|
| Name (Primary Contact) | |
| Institution | |
| Address 1 | |
| Address 2 | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Type of Organization

check all that apply

UCEDD

LEND

Professional Association

Religious Professional Educational Institution
(e.g., Seminary/Rabbinical School, etc.)

National Disability Network

National Religious Network

Other _____

Sponsorship level

Select your contribution level below.

Sponsoring Organization (\$500): Full subscription to Journal of Religion and Disability (online & print)

Supporting Organization (\$250): Yearly compilation of Journal of Religion and Disability

Individual (\$100): Yearly compilation of Journal of Religion and Disability

Shipping for Copy of Journal of Religion and Disability

| | |
|-------------------|--|
| Name | |
| Street Address | |
| City, ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

PAYMENT INSTRUCTIONS

PAYMENT BY CHECK

Attach this form

Make Payable to Association of University Centers on Disabilities (AUCD)

Note on check: CFD Membership Dues

Mail form and check to

C/O Eric J. Moody, PhD

JFK Partners, University of Colorado

Mailstop C234

13121 E 17th AVE

Aurora CO 80045

PAYMENT BY CREDIT CARD (Please provide following information)

Scan and email to eric.moody@ucdenver.edu

Fax to (303) 724-7664

| | |
|---|--|
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| Credit Card Number | |
| Expiration Date | |
| Credit Card Holder's Name | |
| Organization | |
| Address | |
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| ZIP | |
| Contact Name (if different from card holder) | |
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