



COALITION FOR INDEPENDENT LIVING OPTIONS, INC.
"Promoting Independence for People with Disabilities"

**2010
ANNUAL MEMBERSHIP APPLICATION**

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: Home _____ Cell _____ Work _____

Disability? Yes No Family Member

Type of Disability: _____

Organization or Agency Affiliation:

Type of Member

Individual \$10 Sustaining \$100

Organizational Memberships

Friend of CILO \$50.00
 Sustaining \$100.00
 Sponsor of CILO \$250.00
 Supporter of CILO \$500.00
 Partner of CILO \$1,000 +
 Other \$ _____

I am interested in volunteering

CILO is a nonprofit organization and all contributions are tax-deductible to the extent permitted by law. Membership entitles you to voting privileges, receiving mailings, newsletters, notices and invitations to special events.

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Please mail the completed application along with your check to:
Coalition for Independent Living Options
6800 Forest Hill Boulevard
West Palm Beach, FL 33413