



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

ANNUAL MEMBERSHIP APPLICATION

July 2016 – June 2017

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Would you like to receive email updates / newsletters no

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 \$ _____

CILO is a nonprofit organization and all contributions are tax-deductible to the extent permitted by law. CILO receives 100% of each contribution.

Membership entitles you to voting privileges, receiving mailings, newsletters, notices and invitations to special events.

_____ I am interested in volunteering

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.
REG. # CH6030

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Locations Throughout Palm Beach, Martin & St. Lucie County
www.cilo.org

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