

<b>Individual Membership - \$50</b>
Benefits: <ul style="list-style-type: none"> <li>▪ LISTSERVE – Membership to the MassPAC listserv.</li> <li>▪ Access to the password-protected MassPAC at the Federation website.</li> <li>▪ Subscription to the Federation’s quarterly newsletter, NEWSLINE, via email.</li> </ul>

Individual Membership is designed for individuals: parents/guardians, family members, professionals, or other interested parties. Membership period runs from July 1<sup>st</sup> through June 30<sup>th</sup>.

**Title:**  Ms.  Mrs.  Mr.  Other \_\_\_\_\_

**I am a:**  Parent/Guardian  Family Member  Professional \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address 1:** \_\_\_\_\_ **Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

YES, put me on the email list for NEWSLINE.

**Payment Amount**

Individual Membership \$50: \$ \_\_\_\_\_

Donation (any amount): \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Payment Options - Check One:**

Check is enclosed, payable to **MassPAC**.

Mastercard  Visa Card Number \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please return this form with check or credit card information to:

**MassPAC at the Federation for Children with Special Needs  
 1135 Tremont Street, Suite 420  
 Boston, MA 02120**

*Thank you for your support!*

Form Modified May 2011