

Membership Enrollment Form

I am interested in joining in the work of Heightened Independence and Progress (*hip*).

I am a new (or) renewing member for the **2019** year.

Name: _____

Address: _____

City/State, Zip: _____ County: _____

Home Phone: _____ Cell: _____

Email: _____

Membership Categories (Please check (✓) the right category for you):

- | | |
|---|-----------------|
| <input type="checkbox"/> Basic Member | \$20 |
| <input type="checkbox"/> Contributing Member (for those who want to give “that extra something” to support <i>hip</i>) | \$35 |
| <input type="checkbox"/> Family Member | \$25 |
| <input type="checkbox"/> Student or Teen Member* | \$10 |
| <input type="checkbox"/> Corporate Member (includes non-profit and for-profit) | \$75 |
| <input type="checkbox"/> Life Member** | \$500 and Above |
| <input type="checkbox"/> I am including an additional voluntary contribution of | \$_____ |

Total Remittance. Choose preferred payment method:

Check, payable to *hip*, for \$_____

Visa MasterCard

Card# _____

Expiration Date _____

CVV _____

Signature _____

(As it appears on card)

***Student/Teen:** Students of any age qualify. Please indicate the name of the school you are attending

_____.

****Life Membership:** A special category for those who wish to make a significant financial contribution to the advancement of independent living for themselves, in honor of a family member or friend, or simply to show their desire to help all persons with disabilities in their effort to lead productive, independent lives.

Please mail your payment directly to *hip*, 131 Main Street, Suite 120, Hackensack, NJ 07601

Contributions to Heightened Independence & Progress (*hip*) are tax-deductible to the fullest extent of the law.