

**MEMBERSHIP APPLICATION**

2010 Membership - \$150

\_\_\_Parent                      \_\_\_Professional                      Donation \$\_\_\_\_\_

Please Print

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ email \_\_\_\_\_ FAX\_\_\_\_\_

“Growing, Learning, Loving-A Celebration of Life”

Optional-

I am a parent and would like more information about\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a professional (Specify) and would like more information about\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a researcher (Specify) and would like to discuss the following project with MAC

\_\_\_\_\_

\_\_\_\_\_

I represent an early intervention agency and would like to discuss with MAC

\_\_\_\_\_

\_\_\_\_\_