



# DOORS ANNUAL MEMBERSHIP

Fiscal 2017 (11/01/17 – 10/31/18)

Welcome to DOORS! This is our membership form!

## 3 Reasons to be a Member

**1: DOORS is important!** If you're reading this, you probably know how important DOORS is to the DDDC community.

Here are some highlights of what DOORS does and funds:

- Adult and Transitional Services
- Week-long Overnight Camp
- Temporary Emergency Respite
- After School/After Work Recreation

**2: DOORS is a great community.** Let's face it, we all have a lot in common. This community has people who have been through it all. DOORS events, mail lists, and our new Parent Directory keep us connected.

**3: DOORS membership is required to participate in DOORS activities.** Might sound tough. But DOORS is run by parents and we need involvement from everyone to keep this ship afloat.

### Membership Options (select one):

- I have enclosed my membership fee of \$40 payable to DOORS and understand that I **must join and participate in one of the following committees to fulfill membership**. Please put a number for your first and second choice, assignments will be made first come, first serve. (Please note if you'd like to join more than one). Please note that by joining DOORS you agree to abide by its program policies.
  - Dinner Dance/Silent Auction
  - Handleman Walk for Autism
  - DOORS Golf Challenge
  - Board Member
  - Web Site/Database
  - Other (preassigned by DOORS): \_\_\_\_\_
- I have enclosed a \$500.00 donation to DOORS. I will not be required to participate in committees.
- I am a DDDC Staff member. I have enclosed a \$5 donation, OR, signed up for one of the committees.

### Please Print Clearly:

DDDC Student/Client Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Guardian/Teacher Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

**NOTE: Please check the boxes below regarding DOORS Parent Directory and pictures.**

- Please exclude me from being listed in the Parent Directory.
- I consent for pictures of my child to be used by DOORS.

### Please return this form by 10/23/2017 to:

Via Back Pack – Liz Shain - C/O Jenna Shain

Or mail to: Liz Shain – 25 Gibbons Circle, New Brunswick, NJ 08901