

# *Interfaith Disabilities Network of Oregon*

IDNO's Mission is to activate the resources of faith communities to welcome, celebrate, and include the contributions of every person with a disability.

## **Membership Form & Request for Information**

### **Membership categories:**

**Individual or Family Membership: \$25 annual dues**

**Agency, Organization or Institution Membership: \$100 annual dues**

Interfaith Disabilities Network of Oregon is a 501 (c) 3 organization and contributions are tax deductible as allowed by law.

**Please tear off lower portion of this form and mail with check payable to:**

***Interfaith Disabilities Network of Oregon***

***22115 NW Imbrie, Suite 237***

***Hillsboro, OR 97124***

Questions? Please write IDNO at the above address or email us at

InterfaithDisabilitiesofOregon@gmail.com

www.interfaithdisabilities.org

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## ***Interfaith Disabilities Network of Oregon (IDNO)***

### **Membership & Request for Information Form**

\_\_\_\_\_ Individual or Family Membership: \$25 annual dues. (If you need financial assistance, please contact us.)

\_\_\_\_\_ Agency, Organization or Institution Membership: \$100 annual dues

\_\_\_\_\_ I am (We are) not interesting in membership but would like to receive updates about programs and activities. If possible, please send a small donation (\$5 or less) to cover administrative costs.

Name(s) \_\_\_\_\_

Agency Contact Person (if appropriate) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

How do you prefer to be contacted for updates on meetings and activities? \_\_\_\_\_

Please contact me about being more involved with IDNO: Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Optional questions...**

Religious affiliation? \_\_\_\_\_

I am (We are) interested in IDNO because \_\_\_\_\_

Is your interest in IDNO related to mental illness, general disabilities or both? \_\_\_\_\_

Would you like to receive our online newsletter? If yes, what email address? \_\_\_\_\_