

**NATIONAL ORGANIZATION ON
DISABILITY**
www.nod.org

910 Sixteenth Street, NW
Washington, DC 20006

Voice (202) 293-5960 Fax (202) 293-7999 TDD (202) 293-5968

"It's ability, not disability, that counts!"

Community Partnership Program
Membership Application

Mayor/Chief Elected Official's Name: _____

Term Expires: _____

Local Government Name: _____ Est. Pop.: _____

Contact Person's Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

The fiscal year for government ends _____ (month and day)

Payment enclosed (please see rates on enclosed membership benefits sheet)

_____ Check Amount _____ Voucher Amount

We will submit a budget request to our local government for CPP membership for the next fiscal year.

If pledging for a future date, please indicate date of planned payment _____

Please mail your completed application and remittance information to:

National Organization on Disability
Community Partnership Program
910 Sixteenth St., NW
Washington, DC 20006
Tax ID# 52-1238307

05/03