

# NADSP Membership Form

## Individual Memberships\* \$20

*\*If your state has a NADSP chapter, you will receive dual membership in the state chapter and NADSP.*

**DSP**

DSP  Frontline Supervisor

**Associate**

Self-Advocate  Family Member

**Other Professionals**

For professionals working in community human services, such as social workers, administrators, and healthcare professionals

**What is your profession?** \_\_\_\_\_

## Other Memberships

**Affiliate Membership \$200**

For individuals, agencies, providers, associations, and NADSP state chapters who wish to demonstrate a commitment to support the efforts of DSPs.

**Supporting Organization Membership \$500**

For agencies and organizations dedicated to advancing the interests of DSPs and the people they support at a national level.

Make checks payable to NADSP. To pay by credit card, visit [www.nadsp.org/membership/](http://www.nadsp.org/membership/). (Discounts are not available with online payment.)

**Mail membership form and payment to:**

NADSP, P.O. Box 13447, Minneapolis, MN 55414

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Total enclosed \$** \_\_\_\_\_