



PROGRESSIVE CENTER
FOR INDEPENDENT LIVING

2016 Membership Application

I believe in the freedom of choice, self-direction and inclusion for people with all types of disabilities and I would like to support PCIL.

Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Membership categories – please check the right category for you:

- | | | | |
|--------------------------|--------------|---|----------|
| <input type="checkbox"/> | Individual | | \$15.00 |
| <input type="checkbox"/> | Couple | Includes children under 5 years of age | \$25.00 |
| <input type="checkbox"/> | Family | Up to 5 people living at same address, under 5 years free | \$40.00 |
| <input type="checkbox"/> | Organization | Up to 8 participants per event | \$100.00 |

Donations (in any amount) are always welcome.

Method of payment: ___ Cash ___ Check ___ VISA ___ MasterCard ___ AMEX

Credit Card# _____ Exp. Date _____

Signature _____

If paying by check please make your check payable to:

Progressive Center IL
3525 Quakerbridge Rd, Ste 904
Hamilton, NJ 08619

All contributions are tax deductible. ***Thanks for your support!***