

# society for disability studies

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## Membership Application for Calendar Year 2012

### Section 1: Contact Information

First name: \_\_\_\_\_ Middle name/initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Job title: \_\_\_\_\_

Company/Organization/Institution: \_\_\_\_\_

Postal Address 1: \_\_\_\_\_

Postal Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

E-mail address for SDS to use: \_\_\_\_\_

Website address (personal, or organizational): \_\_\_\_\_

Primary telephone number: \_\_\_\_\_

FAX number: \_\_\_\_\_

### Section 2: Biographic Information

Highest earned degree: \_\_\_\_\_

Field of education/training: \_\_\_\_\_

Please select the category that best describes you:

- University based researcher/scholar/faculty
- Affiliated with a government organization
- Affiliated with a community or non-government organization
- Student
- Artist, musician, or other creative professional
- Independent scholar
- Independent activist
- Other (please specify)

Research/scholarly/activism interests: \_\_\_\_\_

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Please complete all four pages of this membership form, and return completed form with your payment information to:

SDS Membership, 107 Commerce Center Drive, Suite 204, Huntersville, NC 28078 USA  
Questions, please call the SDS Executive Office at: 704-274-9240

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### Section 3: Privacy and communication information

Please indicate if you agree to the release of your name and contact information to disability-related organizations who request the SDS membership mailing list.     **Yes**     **No**

In order comply with SDS' privacy policy, the section below provides you with the option to select the item(s) that you wish to appear in the membership directory. **If you do not select any of the options, only your name will appear in the directory.**

- First name
- Middle name/initial
- Last name
- Suffix
- Job title
- Company/Organization/Institution
- Postal Address 1
- Postal Address 2
- City
- State/Province
- Country
- Zip/Postal Code
- E-mail address for SDS to use
- Website address (personal, or organizational)
- Primary telephone number
- FAX number

Indicate if you wish to participate in the SDS Membership discussion list (listserv)

**Yes**     **no**

If no, indicate if you would like to be included in an email distribution that will disseminate only information from the SDS Office (e.g. Calls for Papers, Award Announcements, conference announcements.)

**Yes**     **no**

Please provide the exact email address you would like SDS to use for the listserv and/or member e-mailings, this may be different from the email address you provided in section one of this form:

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### Section 4: Membership Category Selection

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Membership in the Society for Disability Studies (excepting the Life-time membership) is based on a calendar year. All memberships expire on December 31, 20XX. Individuals who join during the last quarter of the year will be members for the balance of the current year in addition to the next full calendar year.)

*Please indicate your chosen membership category.*

\_\_\_\_\_ **Life-time membership - \$1,450.00**

*For a one-time contribution of \$1,450.00, life time members can enjoy all the SDS membership benefits for the remainder of their lives. Little more than 10 years of contributions can purchase a life time of membership. Now you can become a life-time member by making your payment over the course of two years. See the benefits page for more information.*

\_\_\_\_\_ **Organizational membership - \$350.00**

*The organizational membership allows institutions of higher learning, independent living centers, advocacy organizations, art groups, and more to become members of SDS and support SDS's mission on a yearly basis.*

\_\_\_\_\_ **Professional membership - \$135.00**

*A full, yearly professional membership to SDS that costs \$135.00 each year is designed for professionals who wish to contribute yearly to obtain their membership benefits. This membership level is available for individuals who are working full-time, conducting academic research, artists, activists, or other interested individuals.*

\_\_\_\_\_ **Student/low-income membership - \$40.00**

*Designed for a full-time student, this membership level only costs \$40.00 per year. This membership is set to encourage all students who are planning to pursue disability studies as a profession as well as to encourage young artists, performers, and activists with (or without disabilities) to incorporate the experience of disability in their work. This membership type also encourages participation from individuals who may not be able to afford either a life-time membership or a professional membership. See the the benefits page to learn how organizations can support student learning by sponsoring student members. **No one will be denied membership in SDS due to an inability to pay an established membership fee. If none of the above listed fees are feasible for you, you may select the category below and indicate the amount you are able to pay between \$0.00 and \$39.99***

\_\_\_\_\_ **Student/low-income membership - \$ \_\_\_\_\_**

*If you would like to assist in off-setting the membership costs for individuals who are not able to fully pay, SDS will welcome your donation in any amount. If you would like to make such a donation, please enter that amount here:*

\_\_\_\_\_ **Membership Sponsorship Donation - \$ \_\_\_\_\_**

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## Membership Application for Calendar Year 2012

### Section 5: Payment Information

(SDS' FEIN: 93-0880109)

*(Please indicate and provide appropriate information applicable to your form of payment. If you completing this form electronically, and submitting as an e-mail attachment to [SDS@ahead.org](mailto:SDS@ahead.org), please do not include your payment information on this form. Please call the SDS Office to arrange payment.)*

Total Amount Due: \$ \_\_\_\_\_

\_\_\_\_ Check enclosed payable to SDS in US Funds

\_\_\_\_ Credit Card (VISA, MasterCard, Discover, Amex)

Account Number (must be 16 digits):

\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Three digit security code: \_\_\_\_\_

Billing address for credit card:

\_\_\_\_\_

Cardholder's Name (as it appears on the card):

\_\_\_\_\_

Cardholder's Signature:

\_\_\_\_\_

Cardholder's Daytime Telephone Number:

\_\_\_\_\_

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