



# FAIR SHAKE NETWORK

P. O. Box 354, Institute, WV 25112-0354

304-766-0061 Email: [fsn@fairshake.org](mailto:fsn@fairshake.org) website: [www.fairshake.org](http://www.fairshake.org)

## MEMBERSHIP APPLICATION

Membership in the FSN is based on a tier structure and is good for one calendar year, except for the lifetime membership. All FSN members, regardless of tier, are asked to support the FSN mission, philosophy, goals, and share relevant information with and from the Network.

**All membership tiers will receive email updates, quarterly newsletters, and discounts on trainings and workshops. Please check the level at which you wish to join:**

### **Agent (Individual) Membership – (Free Lifetime)**

Definition: An individual with a disability who promotes the mission of the Fair Shake Network.

Incentive: None

### **Affiliate (Organizational) Membership – (Free Lifetime)**

Definition: An organization that has a limited or restrictive budget that promotes the mission of the Fair Shake Network. (Must be approved by the Board)

Incentive: None

### **Advocate (Individual) Membership - \$20**

Definition: An individual who promotes the mission of the Fair Shake Network.

Incentive: A FSN ink pen

### **Assembly (Family) Membership - \$50**

Definition: A family who promotes the mission of the Fair Shake Network.

Incentive: Three FSN ink pens

### **Alliance (Organizational) Membership – \$150**

Definition: A partner organization joining forces with the Fair Shake Network.

Incentive: A membership certificate suitable for framing

### **Independence Membership - \$250**

Definition: An individual or group supporting the Fair Shake Network’s efforts to make a difference for people with disabilities.

Incentive: A gold-tone FSN lapel pin

### **Freedom Membership - \$750**

Definition: An individual or group dedicated to advocating for the freedom and civil rights of people with disabilities.

Incentive: A FSN t-shirt

### **Corporate Sponsor - \$1,000**

Definition: A Corporation that aligns with FSN’s Mission to educate policy makers and the public on issues that affect people with disabilities

Incentive: Free a table at DAD, Ad in our newsletter and on our website, and mentioned in all our publications.

### **Justice Membership - \$1,500**

Definition: An individual or group committed to equality, civil rights, and justice for all.

Incentive: A FSN ink pen, lapel pen, and t-shirt

### **Liberty Lifetime Membership - \$5,000 (one-time payment)**

Definition: An individual or group providing outstanding support to the Fair Shake Network in eliminating the segregation of and discrimination against people with disabilities.

Incentive: An individualized plaque and our undying gratitude



# Fair Shake Network Membership Application

Please complete all sections of this form

This is an Individual Membership \_\_\_\_\_ This is an Organizational/Corporation Membership \_\_\_\_\_

Individual/Organization Name: \_\_\_\_\_

If this is an Organizational/Corporate Membership, please include contact name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I need my materials in the following alternative format: \_\_\_\_\_

How did you hear about the Fair Shake Network? \_\_\_\_\_

### This section is optional and is for grant and statistical data purposes only

Please mark all that apply:

- \_\_\_\_\_ I am a person with a developmental disability **(DD)**
- \_\_\_\_\_ I am a person with a disability **(Not DD)**
- \_\_\_\_\_ I am a parent/family member of person with a developmental disability **(DD)**
- \_\_\_\_\_ I am a parent/family member of a person with a disability **(Not DD)**
- \_\_\_\_\_ I work for an agency
- \_\_\_\_\_ I am an interested person (Not a person with a disability or family member)

**Gender:** Male: \_\_\_\_\_ Female: \_\_\_\_\_ Other: \_\_\_\_\_

**Race:** Black: \_\_\_\_\_ Asian: \_\_\_\_\_ Amer. Indian/Alaskan: \_\_\_\_\_ Native Islander: \_\_\_\_\_ White \_\_\_\_\_

Hispanic: \_\_\_\_\_ Multi Racial: \_\_\_\_\_ Other: \_\_\_\_\_

**Sexual Orientation:** \_\_\_\_\_

### Payment:

- \_\_\_\_\_ My payment of \$ \_\_\_\_\_ is enclosed
- \_\_\_\_\_ I would like to set up an installment plan – please contact me
- \_\_\_\_\_ I have selected the free membership level
- \_\_\_\_\_ I am not interested in joining at this time but would like to make a donation to support the mission and goal activities.

*Your contribution supports the important work/activities the FSN engages in to protect and improve the civil rights of West Virginians with disabilities and to promote best practices in public policies.*

*As a Network Member, I agree to support the FSN philosophy, goals, and the current Disability Agenda. I understand the FSN encourages members to disseminate relevant information received from the Network to friends and family and other interested parties.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return the application and your payment to:  
Fair Shake Network P.O. Box 354 Institute, WV 25112-0354

\*Please make checks payable to: Fair Shake Network