



FAIR SHAKE NETWORK

P. O. Box 354, Institute, WV 25112-0354
304-766-0061 or 800-497-4746

wvfn@suddenlinkmail.com or wvfn@msn.com

www.fairshake.org

MEMBERSHIP APPLICATION

MISSION: *The Fair Shake Network is an association of West Virginians dedicated to a “fair shake” for people with disabilities. Its mission is to educate policymakers and the public about disability issues and to empower people with disabilities to speak for themselves.*

VISION: *People with disabilities will have an equal opportunity to fully participate in their communities and realize their dreams.*

VALUES:

1. *All people should have equal opportunities and the support they need to be full members of their communities, state and nation.*
2. *Everyone has value and something to contribute.*
3. *If people don’t speak up, things won’t change.*
4. *We have strength in numbers when we act together.*

The FSN is incorporated as a non-profit and is governed by a Board of Directors. The Board of Directors consists of 7 members and is elected from the membership of the association. The Board is responsible for administration of the non-profit corporation and the hiring and supervision of staff.

MEMBERSHIP STRUCTURE

Membership in the FSN is based on a tier structure. All FSN members, regardless of tier, support the FSN mission, philosophy, and goals and share relevant information with and from the Network.

All membership tiers will receive weekly updates, quarterly newsletters, and discounts on trainings and workshops.

The Membership Tiers are outlined on the following page including the definitions, additional incentives, and dues for each tier.

Advocate Membership - \$20

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

Incentive: *A FSN ink pen*

Assembly Membership - \$50

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

Incentive: *Three FSN ink pens*

Alliance 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 (red with black logo)*

Justice Membership - \$1,500

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

Incentive: *A FSN in pen, lapel pen, and t-shirt*

Liberty Lifetime Membership - \$5,000 (one-time, lifetime 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.

Individual Member Name: _____

Organizational Member Name: _____ Contact Person: _____

Address: _____

County: _____ Phone: _____ E-mail Address: _____

How did you hear about the Fair Shake Network? _____

Due to the time sensitivity of some information will be sent by e-mail unless you prefer another method. If you cannot receive information by email please fill out the information below.

_____ Fax #: _____

_____ I do not have a fax machine, but can receive faxes at Fax #: _____

_____ I do not have access to a fax, please **mail** me the information.

I need materials in the following alternative format: _____

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 am from an agency/a friend/an advocate/an interested person (Circle one)

DUES/CONTRIBUTIONS:

_____ Advocate Membership: **\$20** per year

_____ Independence Membership: **\$250** per year

_____ Assembly Membership: **\$50** per year

_____ Freedom Membership: **\$750** per year

_____ Alliance Membership: **\$150** per year

_____ Justice Membership: **\$1,500** per year

_____ Liberty Lifetime Membership: **\$5,000** One-time Lifetime payment

_____ **** I would like to set up an installment plan – please contact me**

_____ 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.

Fair Shake Network Membership Application

In addition to disseminating the relevant information I receive from the Network, I agree to do at least one of the following:

_____ *Public Relations & Events Committee*

_____ *Nominating Committee*

_____ *Membership Committee*

_____ *Fundraising Committee*

_____ *Legislative Committee*

_____ *Attend Legislative Interims*

_____ *Attend Legislative hearings, meetings, etc.*

_____ *Provide copying for a mailing or other materials*

_____ *Provide postage for a mailing*

Other: _____

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**