



## **FAIR SHAKE NETWORK**

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

**304-766-0061 or 800-497-4746**

**[wvfn@suddenlinkmail.com](mailto:wvfn@suddenlinkmail.com) or**

**[wvfn@msn.com](mailto:wvfn@msn.com)**

**[www.fairshake.org](http://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 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:**

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**Organizational Member Name:**

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**Contact Person:**

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**Address:**

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**County:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail Address:**

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**How did you hear about the Fair Shake Network?**

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**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:**

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**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)**

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## **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.**

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**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**