



## **FAIR SHAKE NETWORK**

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

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

**Email: [fsn@fairshake.org](mailto:fsn@fairshake.org) website: [www.fairshake.org](http://www.fairshake.org)**

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## **MEMBERSHIP APPLICATION**

### **MEMBERSHIP STRUCTURE**

**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, support the FSN mission, philosophy, and goals and share relevant information with and from the Network.**

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

## **Membership Tiers**

**Please check the level you wish to join at:**

**\_\_\_ 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**

**\_\_\_\_ 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**

**This is an Individual Membership \_\_\_\_\_**  
**This is an Organizational Membership \_\_\_\_\_**

**Individual/Organization Name:**

\_\_\_\_\_

**If this is an Organizational Membership please include contact name: \_\_\_\_\_**

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

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

**E-mail Address: \_\_\_\_\_**

**I need my materials in the following alternate 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)**

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**Payment**

**My payment of \$ \_\_\_\_\_ is enclosed**

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

**I am unable to pay the membership due but would like to be a member**

**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.**

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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**