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**Become a Member**

As a member of Cheshire Homes of London, Inc., (Cheshire) you will:

* Have a say in the future of Cheshire
* Receive periodic updates highlighting the positive impact of our services
* Have access to Cheshire’s resource library

Persons interested in supporting Cheshire’s work are admitted to membership by resolution of the Board of Directors. Membership is a 3 year term. You will be notified in writing when your application has been processed.

Your personal information will be used by Cheshire to provide updates, meeting notices, and volunteer opportunities. We will not sell or rent your personal information to other organizations.

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**Membership Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Yes, please send updates and meeting notices by email.

Please check any of the following statements that apply:

[ ]  I’m interested in services that support people with physical disabilities

[ ]  I have a physical disability

[ ]  I have a family member with a physical disability

[ ]  I have a friend with a physical disability

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Signature Date