



## Membership Application And Renewal Form

Membership Year: July 1, 2010 – June 30, 2011

**Organization Name:** \_\_\_\_\_  
(As it should appear on your Certificate of Membership and CDSA Records)

Name of Principal Representative		Name of Alternate Representative	
Title		Title	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax
E-mail Address		E-mail Address	
Web Site			

*Each member organization is entitled to as many representatives as desired. Please provide contact information for each alternate.*

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### Membership Categories

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**Indicate your Membership Category:**

**SERVICE PROVIDER**

Program/Organization must be vendorized by a Regional Center, or certified by the Department of Rehabilitation.

**AFFILIATE**

Service providers with a differentiated CDSA representation model (must align with one of the named groups in the affiliate category), or non-service providers supporting or involved with activities of CDSA member organizations.

