

Disability Funders Network

Application for Membership

General Information

1. Name _____
2. Foundation/affiliation _____
3. What type of foundation is yours?
 Community foundation Corporate foundation Family foundation
 Operating foundation Private/independent foundation Public foundation
 Other
If "Other", please describe _____
4. What geographic area is served?
 Local/city/county State Regional/multistate
 National International
5. Specific geographic area served _____
6. Street address _____
7. City _____ State _____ ZIP _____
8. Phone _____ Fax _____
9. TTY _____
10. E-mail _____ Web _____

Membership Category

- Individual grantmaker Institutional grantmaker Associate

Other Information

If you are a grantmaker, what is your interest in disability? (check all that apply)

- Disability is a priority funding area at my foundation/organization.
 My foundation includes disability in other program areas.
 I have a personal interest in disability.

Would you like to be included in our membership directory? Yes No

Mail the completed application form and your check to:

Disability Funders Network, 13725 Sycamore Village Drive, Midlothian, VA 23114