

# IASSID-CENTER MEMBERSHIP FORM 2010

**Name of Center:** \_\_\_\_\_

Type of Center (circle one): University    Foundation    Service Provider

Other; specify: \_\_\_\_\_

Center Director's Name: \_\_\_\_\_

Mailing Address (this is where Journals will be sent):

# and Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone # (include country code): \_\_\_\_\_

**Name of Designated Individual** (this individual will be our contact at the Center and will be given Individual Membership Privileges including membership in SIRGs and Affinity Groups):

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email address of Designated Individual (required to receive notifications and to log on to member-only website section): \_\_\_\_\_

## **Special Interest Research Groups**

Please indicate up to 5 groups with which the designated individual would like to affiliate (included in membership fee)

\_\_\_ AGING

\_\_\_ FAMILIES

\_\_\_ CHALLENGING BEHAVIOUR AND MENTAL HEALTH

\_\_\_ DOWN SYNDROME

\_\_\_ HEALTH ISSUES

\_\_\_ COMPARATIVE POLICY AND PRACTICE

\_\_\_ QUALITY OF LIFE

\_\_\_ PROFOUND AND MULTIPLE DISABILITIES

\_\_\_ PARENTING

\_\_\_ ETHICS

## Affinity Groups

Please indicate all groups with which the designated individual would like to affiliate.  
(any assessments are made directly to the affinity group via its treasurer - you will be contacted by the group about membership and assessment if one is requested)

- ASSISTIVE TECHNOLOGY
- DEATH AND DYING
- EARLY CHILDHOOD/CHILD DEVELOPMENT
- EMPLOYMENT
- EMPOWERMENT AND CITIZENSHIP
- FORENSICS
- NURSING
- SOCIAL INTEGRATION
- WOMEN'S ISSUES

**Names of up to 5 individuals who will be eligible to receive members rate to attend IASSID events in 2010:**

1.

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2.

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3.

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4.

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5.

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Can your Center's details be included on our Membership Directory: YES NO

Can the Designated Individual's details also be included? YES NO

**Membership Costs for 2010 (January to December)**

Membership –Center with JPPID

\_\_\_ One year membership with JPPID (4 issues/year) Pay \$130.00US

\_\_\_ One year subscription to JIDR to the designated member Add \$ 70.00US

TOTAL payment included: \_\_\_\_\_

**Off-line Payment Information**

Payment can be made by cheque (cheques should be made out to “IASSID”), by electronic bank transfer (a US\$20 fee applies to these), or by credit card (Visa, Mastercard, Amex).

[ ] Electronic bank transfer; contact IASSID at [iassidtreasurer@aol.com](mailto:iassidtreasurer@aol.com)

[ ] Cheque for US\$ \_\_\_\_\_ (made out to “IASSID”)

[ ] Credit Card Type (Check One):

\_\_\_ Mastercard

\_\_\_ Visa

\_\_\_ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three-digit security code on the back of the card: \_\_\_\_\_

Name of Cardholder (as shown on card) \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

send form and payment to:  
IASSID  
Box 671, URMIC, 601 Elmwood Avenue  
Rochester, NY 14642 USA  
Fax: +1 585 276-2701  
Email: [IASSIDTreasurer@aol.com](mailto:IASSIDTreasurer@aol.com)