



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Associate Membership Application

ABCD Associate Membership is open to organizations, who do business with, or otherwise support, providers of supports and services to individuals with intellectual and developmental disabilities.

ABCD's Mission

The mission of ABCD is to affect the development and implementation of public policy and to support the Member Organizations whose specific purpose is to improve the lives of people with multiple physical and developmental disabilities so that they have the opportunity to attain the highest level of purpose and dignity.

Associate Membership

As an Associate Member of ABCD, you and your organization will receive:

- ❖ networking, educational and marketing/sponsorship opportunities at ABCD events, including access to General Membership Meetings with the ability to engage with ABCD provider members, government officials, community stakeholders, and business partners.
- ❖ discounts for ABCD events, including workshops and conferences.
- ❖ regular information and alerts relevant to intellectual and developmental disability, autism, support coordination, and early intervention services.

Associate membership dues are \$2,700 annually for the fiscal year that runs July 1, 2026, to June 30, 2027. You will be invoiced for the dues upon receipt of this application.

Please complete the following if you are interested in becoming an associate member of ABCD.

Organization _____ **Type of business** _____

Contact person _____ **Telephone** _____

Address: _____

Email: _____

The entity named above is applying to become an associate member of ABCD. I make full assurances that we are committed to the ABCD Mission. I designate _____ as our agency's primary contact. I assure that she/he will uphold the membership responsibilities outlined below:

Responsibilities of Membership *(please initial after each responsibility)*

- All ABCD Member Organizations agree to actively provide mutual assistance to one another and the ABCD staff. _____
- Each Associate Member Organization will designate a senior staff person to represent the Member Organization in ABCD activities. _____
- ABCD members will pay annual dues, or other assessments as may be agreed upon by the member, on a timely basis _____
- All Member Organizations will provide input and information to ABCD on a routine and/or emergent basis including, (1) key topics and issues, (2) service needs within the Member's geographic confines, and (3) areas which directly or indirectly impact member organizations, or the individuals with disabilities and their families supported by the Members. _____

Signature

Title

Date



Please Return Application by e-mail or mail to:
Cathy Chin, Executive Director
ABCD
127 US Highway 206, Suite 26, Hamilton, NJ 08610
admin@abcdnj.org,
609-581-8375