



## Membership Enrollment Form

I am interested in joining in the work of Heightened Independence and Progress (*hip*) to support the community of people with disabilities in Bergen and Hudson Counties.

I am a new  (or)  renewing member for the **2020** year.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City/State, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_

Membership Categories (Please check (✓) the right category for you):

- Basic Member \$20
- Contributing Member (for those who want to give “that extra something” to support *hip*) \$35
- Family Member \$25
- \*Student or Teen Member \*School Name: \_\_\_\_\_ \$10
- Corporate Member (includes non-profit and for-profit) \$75
- Life Member\*\* \$500 and Above
- I am including an additional voluntary contribution of \$\_\_\_\_\_

Total Remittance. Choose preferred payment method:

- Check, payable to *hip*, for \$\_\_\_\_\_
- Visa OR  MasterCard (\$30 minimum on Credit Cards)

Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_

Signature \_\_\_\_\_

(As it appears on card)

**\*\*Life Membership:** A special category for those who wish to make a significant financial contribution to the advancement of independent living for themselves, in honor of a family member or friend, or simply to show their desire to help all persons with disabilities in their effort to lead productive, independent lives.

**Please mail your payment directly to *hip*, 131 Main Street, Suite 120, Hackensack, NJ 07601**

**Contributions to Heightened Independence & Progress (*hip*) are tax-deductible to the fullest extent of the law.**