

**Association of Self-Advocate of North Carolina (ASANC)
MEMBERSHIP FORM**

I am a person with a Developmental Disability

Yes _____ No _____

Person with a Developmental Disability \$5 per year

Anyone else Is \$20

(1) Please list your address where you live not your
Providers address

(2) Please list your phone number where you live not
Your Provider number, but where you live.

Date : _____

Name: _____

Address: _____

City: _____

State and Zip Code: _____

Phone: _____

Email: _____

Mail it to
ASANC
7650 Pangea LN #300
Raleigh NC 27616