



Parents Planning Programs
*for the Developmentally Disabled
in Florida*

Membership Form

Name

Address

City

State

Zip

Phone

Fax

E-mail

Membership Level

Individual

Professional

Corporate Member

Family

Your Interest

Residential/Work Programs

Group Residence

Apprenticeship Programs

Volunteer time and talents

Fundraising

Donation _____ Amount

We would like to know more about any special interest or talent you may be able to contribute to our Florida initiative. Please also add any information that would help us in planning for your family member.

Please send completed form to:

**Parents Planning Programs
356 Las Olas Drive
Melbourne Beach, FL 32951**