

# ***SIBLINGS FOR SIGNIFICANT CHANGE***

## **MEMBERSHIP APPLICATION**

Check appropriate membership dues  
Please include your annual membership dues

Individual under 18 or student - \$10.00 \_\_\_\_\_

Family – 2 or more siblings - \$20.00 \_\_\_\_\_

Individual over 18 - \$20.00 \_\_\_\_\_

Non-sibling member - \$20.00 \_\_\_\_\_

Professional or Agency - \$25.00 \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Please list agency or organization affiliation:

**Please return this form with your check or money order for dues to:**

### ***SIBLINGS FOR SIGNIFICANT CHANGE***

350 Fifth Avenue, Suite 627

New York, NY 10118

Tel: 212-643-2663

Fax: 212-643-1244

Membership Dues: \_\_\_\_\_

Donation: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

ALL DUES & DONATIONS ARE FULLY TAX DEDUCTIBLE  
Federal I.D. # 13-2865903