

# DISABILITY RIGHTS COALITION NOVA SCOTIA

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## Membership Application

I would like to support the work of the Disability Rights Report Coalition NS

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

**Name of Organization:** \_\_\_\_\_

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

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

**Membership Fees:** (Valid for one year) Individual: (\$5.00)

**Family:** (\$10.00)

**Organizations:** (\$100.00)

### Waiver of Fee:

If you request a waiver of the membership fees- please fill in the application form and return so that we may know that you are supporting us.

If you are interested in becoming more active in the Coalition please indicate in what way you can participate:

Core Committee Member: \_\_\_\_\_

Organize a group in your area: \_\_\_\_\_

General Membership: \_\_\_\_\_

### Please return to:

**Disability Rights Coalition NS**

**2815 Connaught Ave Halifax, NS 83L 2Z9**

E-mail: [disabilityrightscoalition@ns.sympatico.ca](mailto:disabilityrightscoalition@ns.sympatico.ca)

**Date of Application:** \_\_\_\_\_

### Mission Statement:

The Disability Rights Coalition NS

Working with government and community stakeholders, our mission is to ensure inclusion and full citizenship for Nova Scotian's with disabilities.