



Membership Application

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

I give permission to use this Email Address _____

I would like to be a member of Action DD. As such I will advocate for and support a continuum of care for people with developmental disabilities to include Washington State's RHC system. Members have voting rights, support a lobbyist in Olympia, a website, and periodic news updates. Dues are not being asked for but we do ask for your financial support as you feel free to give it.

All information collected by ActionDD shall be kept confidential.

Signature _____ Date _____

Send completed form to:
Action DD Membership
4308 29th Ave SE
Lacey WA 98503