



1600 Broadway Street NE
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www.mnccd.org

2019 MNCCD Membership Engagement Form

Thank you for your support and dedication to advancing policy and awareness on issues facing the disability community! We would like the opportunity to grow your engagement in the work we do. Please complete this Member Engagement Form and return it with your payment and the membership application form.

MNCCD Membership Engagement Information

The primary MNCCD contact within my organization will be:

Name: _____ Title: _____

Email: _____ Phone number: _____

Address: _____

Does your organization have a dedicated department or staff member serving in a legislative relations and/or policy advocacy capacity? If yes, we would like to invite that individual to participate in our Policy Committee:

Name: _____ Email: _____

Phone number: _____

My organization's primary service area, and/or most active policy advocacy issue area (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Employment | <input type="checkbox"/> Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Children | <input type="checkbox"/> PCA/Home Care |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Self Direction/Quality Assurance | |

My organization has staff/volunteers/advocates that are able to contribute to MNCCD's work in the following areas:

- Communications

Name: _____ Email: _____

Phone number: _____

- Grassroots Advocacy

Name: _____ Email: _____

Phone number: _____

Policy Issue Working Groups

Name: _____ Email: _____

Phone number: _____

Issue Area(s): _____

Name: _____ Email: _____

Phone number: _____

Issue Area(s): _____

Name: _____ Email: _____

Phone number: _____

Marketing

Name: _____ Email: _____

Phone number: _____

Graphic Design

Name: _____ Email: _____

Phone number: _____

Please list additional members of your organization who would like to be added to the MNCCD E-newsletter listserv (name and email address):

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____