Text

Description automatically generated with medium confidence

**ACTION DD MEMBERSHIP SIGN UP FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Please sign me up as a Member of Action DD so I can be involved in advocating for the Full Continuum of Care for ID/DD citizens of Washington State. More specifically, to advocate for retention of Washington State RHCs as a vital part of the Continuum of Care. Members have voting rights, support a lobbyist firm in Olympia, and have access to information and updates through our website and e-mail. I hereby authorize Action DD to contact me by e-mail via Constant Contact.

Action DD is a 401C(4) and contributions are not tax deductible.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

e-mail form to [JCarterforRHCs@gmail.com](mailto:JCarterforRHCs@gmail.com)

Mailing address: 2442 NW Market Street #559 Seattle, WA 98107