



NYS DISABILITY SERVICES COUNCIL MEMBERSHIP FORM

- Membership runs from January 1 through December 31.
- Full membership is available to Individuals holding paid positions within degree-granting institutions in New York State with key responsibilities related to disability services, policy, and/or compliance for students with disabilities.
- Associate membership is available to any person (including, but not limited to, students, representatives from state agencies affiliated with higher education disability services, and pre-professionals) who would not qualify for Full Membership but who is interested in the provision of disability services to students with disabilities at higher education institutions. Associate members will enjoy all rights and privileges except the rights to vote and hold elective office.
- Emeritus membership status is an honorary, non-voting status for retiring members who wish to stay involved in NYSDSC. Emeritus members must have been a full member for at least 3 years (does not have to be consecutive) at the time of retirement if retiring in 2011 or earlier, 4 years if retiring in 2012 and 5 years if retiring in 2013 and beyond.
 - Individual Annual Membership Fee: Full - \$50; Associate - \$40; Emeritus - \$10
 - Institutional Annual Membership Fee: Full - \$125 for up to 3 members/\$30 each additional member
Associate - \$100 for up to 3 members/\$25 each additional member

Membership type (check 2): Individual Institutional Full Associate Emeritus

Name of Institution: _____ **For Year: 20** _____

Member 1 Name: _____ Email: _____
 Title: _____ Office name: _____
 Address: _____
 Phone: _____ Fax: _____
 Years in Higher Ed DSS: _____ Area(s) of Expertise: _____
 I am responsible for: Providing Disability Svcs Establishing Policy for Disability Svcs 504 Compliance ADA Compliance

Member 2 Name: _____ Email: _____
 Title: _____ Office name: _____
 Address: _____
 Phone: _____ Fax: _____
 Years in Higher Ed DSS: _____ Area(s) of Expertise: _____
 I am responsible for: Providing Disability Svcs Establishing Policy for Disability Svcs 504 Compliance ADA Compliance

Member 3 Name: _____ Email: _____
 Title: _____ Office name: _____
 Address: _____
 Phone: _____ Fax: _____
 Years in Higher Ed DSS: _____ Area(s) of Expertise: _____
 I am responsible for: Providing Disability Svcs Establishing Policy for Disability Svcs 504 Compliance ADA Compliance

(Use a separate form for additional members.)

Make Checks Payable to: NYSDSC
 (Federal ID #80-0648594)
 Mail copy of registration form with check to:
 Michele Fish, NYSDSC Treasurer
 Student Disability Services
 Cornell University
 420 CCC
 Ithaca, NY 14853

For questions:
 607-254-4545; mdf6@cornell.edu

OR

Credit Card Payments – Fax Form to 607-255-1562
 (If you prefer to phone in your credit card information, fax your form,
 then call 607-255-9500 and speak directly to Michele Fish or leave a message.)

Cardholder Name: _____
 Card Type: VISA M/CARD DISCOVER AMEX
 Credit Card Number: _____ - _____ - _____ - _____
 Expiration Date: _____/_____/_____ Amount: \$ _____
 Billing Street Address: _____
 _____ Zip Code: _____
 Signature: _____