



The Self-Determination Group Membership Form

Date: _____

First Name

Last Name

Street Address

City/State/Zip Code

Phone

Email Address

Emergency Contact Name & Phone Number

I am (please check one): a person with a disability an ally

I make my own decisions (please check one): Yes No

If you checked no, please provide the information requested below for the person (Guardian) who makes decisions on your behalf:

Name _____

Address _____

Phone () _____

Email Address _____

Please mail the completed form and \$20 to **The Self-Determination Group**

P.O. Box 14455 | Haltom City, Texas 76117
[Please make checks payable to: The Self-Determination Group](#)