



# Membership Application



## contact information

date: \_\_\_\_\_

first name: \_\_\_\_\_ last name: \_\_\_\_\_

professional credentials (MD, RN, LMSW, etc...): \_\_\_\_\_

agency: \_\_\_\_\_ position: \_\_\_\_\_

main number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

work number: \_\_\_\_\_ fax number: \_\_\_\_\_

mailing address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_

### membership:

- ☐ new membership  
☐ renewing membership

### committee interests (select all that apply):

- ☐ membership      ☐ public policy      ☐ programs  
☐ communications      ☐ scholarships



## membership level:

- ☐ professional & individual (\$20)  
☐ student (\$10)  
☐ senior 65+ (\$10)

please mail payment to:  
**DAGS Membership**  
**2220 Coit Rd, Ste 480-216**  
**Plano, TX 75075**