



One Vision, One Voice

Supporting Advocacy, Independence and Choice

Membership Sign - Up Form

First Name: _____ Last Name: _____

Address Street Name and Number: _____

Apartment or Unit Number/Letter: _____ or P.O.Box Number: _____

City: _____ State: Hawaii Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Circle Yes or No - Do you attend a day program? Yes No

If yes, what is the name of program? _____

Circle Yes or No - Are you a member of another advocacy group? Yes No

If yes, what is the name of the advocacy group? _____

Please Mail the completed form to: Self-Advocacy Advisory Council
1010 Richards St., #122
ATTN: Zosimo Arista, Program Specialist
Honolulu, Hawai'i, 96813

Or Email the completed form to: zosimo.arista@doh.hawaii.gov

Or Fax the completed form to: 1(808) 586-7543