



Fifth Freedom Membership Application

I want to join the Fifth Freedom Network:

Name: _____

Address: _____

City/State/Zip: _____

County: _____

Telephone (day): _____

Telephone (night): _____

E-Mail: _____

Please return this form to:

Fifth Freedom
4606-C E. State Blvd Suite 102
Fort Wayne, IN 46815
Phone: (260) 426-8789
Email: info@fifthfreedom.org

Check here if you are interested in becoming an ACT Team Leader and we will contact you.

I am: person with a disability family member other advocate

Please check the topic or topics you are most interested in:

Accessible Housing Advocacy Employment Health Care Special Education

Transportation Other (Describe) _____

Do you have access to a home computer with Internet access? Yes No

Please briefly describe any advocacy activities, training or experience you have had:

Please describe any disability accommodations you require to receive information.

Signature: _____ Date: _____