**Welcome**

The members of the Capital Area Association on Higher Education and Disability (C-AHEAD) welcome you to our organization. We invite you to learn more about us and encourage you to contact any member of the C-AHEAD Executive Board if you input that would make our organization more helpful to you.

**Background**

The Capital Area Association on Higher Education and Disability (C-AHEAD) began in 1978 as a local network of coordinators of disability support services. The C-AHEAD membership now includes representatives from colleges and universities in Maryland, Virginia, and the District of Columbia, as well as from national and community organizations. Through their activities, these members promote the full participation of students with disabilities in higher education.

**Goals**

* to provide members with opportunities for professional development
* to promote equal access for students with disabilities in higher education
* to share information and resources through a network of postsecondary institutions and organizations
* to monitor current legislation affecting disability issues
* to provide service-related activities such as support groups, special program development and information about technical issues

**C-AHEAD 2016-2017 Executive Board**

|  |  |  |
| --- | --- | --- |
| Ashley Bray, President [Vacant] President Elect  |   | alb342@georgetown.edu  |
| Joseph P. Fisher, Immediate Past President  |   | fishdog@gwu.edu  |
| Jay Aprea, Treasurer  |   | jaylaprea@gmail.com  |
| Desirée Foster-Jackson, Secretary  Members at Large  |   | dmfj313@hotmail.com |
| Susan McMenamin  |   | susanmcm@gwu.edu |
| Zakiya Thorne  |   | kyathorne@gmail.com |
| Karen Terhune  Representatives  |   | karen.terhune@gallaudet.edu  |
| Korey Singleton, Virginia AHEAD  |   | ksinglet@gmu.edu  |
| [Vacant] Maryland AHEAD  |   |  |

**Membership Categories** (Membership Duration: July 1-June 30 of each year)

\_\_\_\_ Institutional (up to 3 professionals from the same institution) $75.00

\_\_\_\_ Additional Professional from the same institution, $20.00

*A Professional Member shall be any individual who is primarily employed by an institution of higher education or whose primary focus of work in their professional capacity involves working to enhance higher education opportunities and access for persons with disabilities. A Full Professional Member is entitled to one (1) vote, and is eligible to hold office.*

\_\_\_\_ Partner (not-for-profit and for-profit; 2 members from the same organization) $30.00

\_\_\_\_ Additional Partner $25.00

*A Partner Member shall be any for-profit or not-for-profit organization who, by nature of their product/service or mission, is directly or indirectly involved with issues related to the inclusion of students with disabilities in higher education. Represented by up to two individuals from the organization who are not eligible to vote or hold office, but are eligible for all member benefits.*

\_\_\_\_ Individual $30.00

*An Individual Member shall be any individual who is not primarily employed by an institution of higher education, but who has interest in, or is professionally active in working to promote, the full participation of students with disabilities in higher education. Individual Members are not eligible to vote or hold office, but are eligible for all member benefits.*

Total Enclosed for 2018-2019: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note - All registrations must be submitted with an approved form of payment.

\_\_\_\_\_\_\_ Personal Check \_\_\_\_\_\_\_ Institutional Check \_\_\_\_\_\_\_ Purchase Order

Credit Cards are not accepted at this time for payment.

Please make checks out to: C-AHEAD (EIN# 46 5149459)

Send payments to:

Disability Support Services, Attention Joseph P. Fisher

Rome Hall Suite 102

801 22nd Street, NW

Washington, DC 20052

If more information about payments is needed please contact Jay Aprea at jaylaprea@gmail.com.

If you have any questions related to membership please contact Zakiya Thorne at kyathorne@gmail.com.

**2018-2019 C-AHEAD Membership Application**

Institution/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Information**: please provide the contact information for each member from your institution.

Name: Title: \_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Years in the field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TTY: E-mail: \_\_\_\_\_\_\_\_\_\_

Participation: Would you be interested in any of the following:

Presenting on (topic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Hosting a C-AHEAD meeting or event \_\_\_\_ Serving on a committee

\_\_\_\_ Being a Mentor \_\_\_\_ Being a Mentee

Name: Title: \_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Years in the field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TTY: E-mail: \_\_\_\_\_\_\_\_\_\_

Participation: Would you be interested in any of the following:

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Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Years in the field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TTY: E-mail: \_\_\_\_\_\_\_\_\_\_

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Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Years in the field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TTY: E-mail: \_\_\_\_\_\_\_\_\_\_

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