



1-866-241-8930

PO Box 5557

Bellevue, WA 98006

Please return completed application to the physical address above, and email one copy to

Curtis Dennis, Executive Director, cdennis@wadads.org

Membership Application

Date _____

Name _____

First

MI

Last

Residence

Address _____

City _____ Zip _____

Phone _____ Cell _____

Email _____

Alternate Email _____

There is no cost or obligation to become a member of Washington Dads (WADADS). Our only requirement to join is that you are a male caregiver, who is responsible, or substantially responsible, for the raising of a child with special needs (emotional, behavioral, or mental health concerns) in Washington State.

The information you provided above is all that is required.

Since we are funded in part, or in whole, by different agencies, programs, and providers, we would like your responses to the 6 additional questions on page two.

This information is completely voluntary, but will help identify the numbers of people and families that we serve during the current funding cycle. Your help is greatly appreciated.

Age:

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 65 and older

Marital status:

- Single
- Married
- Divorced
- Separated

Education:

- High School
- Some College
- College

Healthcare:

- Medicaid
- Private Insurance

What are the most pressing needs in your home at this time?

Your skills, experience and interests (Please check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Finance, accounting <input type="checkbox"/> Personnel, human resources <input type="checkbox"/> Administration, management <input type="checkbox"/> Nonprofit experience <input type="checkbox"/> Community service <input type="checkbox"/> Policy development <input type="checkbox"/> Program evaluation <input type="checkbox"/> Public relations, communications | <ul style="list-style-type: none"> <input type="checkbox"/> Education, instruction <input type="checkbox"/> Special events <input type="checkbox"/> Grant writing <input type="checkbox"/> Fundraising <input type="checkbox"/> Outreach, advocacy <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|--|---|

Please tell us anything else you'd like to share.

Thank you very much for applying