



Annual Self-Advocate Chapter Membership Dues 2026

Chapter Membership- \$60

Local Self-Advocate Group Name

Affiliated Organization/Agency Name (if applicable)

Mailing Address _____

City/State/Zip _____

Chapter's Primary Contact Information

Primary Contact Name _____

Phone _____ E-Mail _____

Chapter President Information

President's Name _____

Phone _____ E-Mail _____

Can Self-Advocates not receiving services from your agency be a member of your chapter?

Yes _____ No _____

Would you like your chapter to be listed on our website?

Yes _____ No _____

Annual Dues must be paid for members of the local group to vote at the SAI Annual Meeting OR for chapter members to run for election for Board of Directors. With these dues, your chapter membership will be effective through December 31, 2026.

Send checks to:
Self-Advocates of Indiana
143 W Market St
Suite 200
Indianapolis, IN 46204

*Checks should be made out to
Self-Advocates of Indiana.*

Please return this completed
form with your dues by
December 1, 2025

*You may also email this form to
bshields@arcind.org*