



The Able Trust Alumni Association Membership Application

**You may also fill out and submit the membership form online at www.abletrust.org by clicking on "About Us" and then "Alumni Association."*

Date: _____

Section 1: Contact Information

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

Email address: _____ Date of birth: _____

Preferred Method of Contact: Cell Phone Text Message Email

Section 2: Directory Permission

May we include your contact information in the Alumni Association Directory? Yes No

If yes, which information would you like to include? (Check all that apply)

Name Address Cell Phone Home Phone Email

Section 3: Program Participation

Which Able Trust programs did you participate in? Check all that apply.

Community based, Able Trust supported grant programs.

Program name: _____

High School High Tech

Program name: _____

Youth Leadership Forum - Years participated: _____

Section 4: Education:

Which level of education/training do you possess? Check all that apply.

- High School
Name of School: _____
Graduation Date: _____
- Two Year Degree (Associate’s)
Name of School: _____
Graduation Date (or expected graduation date): _____
- Four Year Degree (Bachelor’s)
Name of School: _____
Graduation Date (or expected graduation date): _____
- Graduate Degree (Master’s or Doctorate)
Name of School: _____
Graduation Date (or expected graduation date): _____
- Technical College/Certification Training
Name of School: _____
Graduation Date (or expected graduation date): _____

Section 5: Current Employment, if applicable:

Employer: _____

Job Title: _____ City of Employment: _____

Section 6: Questionnaire:

What do you hope to gain from being a member of the Alumni Association?

Check all that apply.

- Networking with other alumni
 - Networking with local business leaders
 - Attending community and statewide events
 - Participating in professional development activities
 - Participating in a mentor/mentee program
 - Staying updated on policies that effect individuals with disabilities
 - Other (Please use the space below to explain): _____
- _____
- _____
- _____

Mail or email to: The Able Trust Alumni Association
 3320 Thomasville Road, Suite 200
 Tallahassee, FL 32308
Info@abletrust.org | 850-224-4493 | www.abletrust.org

Alumni Association Membership is FREE.