



MAYOR'S ALLIANCE MEMBERSHIP

Mission Statement: *Advocate and identify community resources to secure employment for people with disabilities and recognize those who fulfill that need*

PLEASE PRINT

NAME: _____
AGENCY: _____
HOME/BUSINESS ADDRESS: _____
City: _____ Zip _____
PHONE:() _____ FAX() _____
EMAIL ADDRESS: _____
ENCLOSED: _____ \$25.00 PER YEAR REFERRED BY _____

PLEASE MAKE CHECKS PAYABLE TO MAYOR'S ALLIANCE

It is expected that members will choose to serve on a committee. Please check one or more committees on which you would like to serve. Your name will be forwarded to the chairperson of that committee.

- _____ EDUCATION - Disseminate information about community resources.
- _____ FRIEND RAISING - Bi-monthly Breakfast, Any events pertaining to raising funds for our organization.
- _____ PUBLIC RELATIONS AND MARKETING - Increase awareness about the Mayor's Alliance.
- _____ MEMBERSHIP AND RECRUITMENT - Increase the membership of the Mayor's Alliance Organization
- _____ SPECIAL PROJECTS - Provide recognition to individuals, agencies and employers.

PLEASE MAIL APPLICATION, COMMITTEE SELECTION and CHECK (Make Payable to: **The Mayor's Alliance TO: GAYLE FOX, MEMBERSHIP CHAIRMAN 417 AVIATION PARKWAY CAPE CORAL FL 33904**