



bytheirsidede®

Lifelong Advocates for Marylanders with Developmental Disabilities

APPLICATION

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_
First M.I. Last

ADDRESS: \_\_\_\_\_
Street City State Zip

COUNTY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEX \_\_\_\_\_ LEGAL GUARDIAN if any \_\_\_\_\_

RESIDENTIAL/DAY PROGRAMS \_\_\_\_\_

DESCRIPTION OF DISABILITY \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_
First M.I. Last

ADDRESS: \_\_\_\_\_
Street City State Zip

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_
First M.I. Last

ADDRESS: \_\_\_\_\_
Street City State Zip

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPONSOR if not parents \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_
First M.I. Last

ADDRESS: \_\_\_\_\_
Street City State Zip

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

Eligibility criteria include: (1) a diagnosis of developmental disability, (2) member residency in Maryland, (3) ability to serve. Application must be accompanied by documentation of disability or DDA Individual Plan. By Their Side complies with all federal and state laws and regulations and does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin or ancestry, or disability.

Upon approval of membership, the sponsorship fee\* is due in full or installments over two years: \$3500 for sponsors under the age of 70; \$4000 for sponsors 70+; \$1,800 for sibling sponsor; \$600 intake fee for applicants with no family seeking annual advocacy plan member rates. If application is withdrawn prior to payment in full, fee will be refunded minus \$250.00 administrative fee. A \$50 annual membership fee is due each July 1st while sponsors are living.

\*2019; Rates are subject to change.

Sponsor(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_