

## Membership Application

I want to be a part of PossAbilities! Please process my application today!

### Membership Categories

- New Member                       Support Member                       Address Change  
 Male                                       Female                                      Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### My Disability

Please list your permanent disability or disabilities below.

---

---

---

My signature verifies membership acceptance to join PossAbilities and gives you permission to take photographs of me or my dependent named above to serve the best interests of Loma Linda University Medical Center or any of its divisions, schools, or programs or will be in the public interest.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Enclose membership application in an envelope and mail to:

**PossAbilities**  
**25455 Barton Road, Ste. 109A**  
**Loma Linda, CA 92354**