

Technology Lending Center Membership Form

Sign up for a TLC membership online! Visit www.AssistiveTechnologyCenter.org and follow the link.

Membership Type (please check one)

Memberships begin upon receipt of completed membership form accompanied by payment in the form of a check to Advancing Opportunities or a Purchase Order made payable to Advancing Opportunities. Please check type of membership:

- Individual/Family** \$35 per year
- Rehabilitation Professional** (therapist, consultant, etc.) \$125 plus \$50 per additional site
- School, Agency, Center** (including staff*) \$125 plus \$50 per additional site

I, the undersigned, understand that I am responsible for the assistive technology devices borrowed during the loan period.

Signature: _____ Date: _____

Please provide the following information:

Contact Name: _____

School/Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

How did you find out about the TLC? _____

*If Agency or School, please provide a list (either below or attached on a separate sheet) of buildings and contact persons to which we are authorized to send loan equipment. Equipment will only be sent to locations listed.

Please list additional addresses approved for equipment loans. **You must have one contact person for each location.**

Address : _____

City: _____

State: _____ **Zip Code:** _____

Contact Name: _____

Telephone: _____

Email: _____

Address : _____

City: _____

State: _____ **Zip Code:** _____

Contact Name: _____

Telephone: _____

Email: _____

Please return this form with payment to:

TLC Coordinator

Advancing Opportunities

1005 Whitehead Road Extension, Suite 1,

Ewing, New Jersey 08638

Toll Free: 888-322-1918

Fax: 609-882-4054

Email: tlc@advopps.org

