



Membership Application

Please fill out the following information to become an individual member of SUFU.

Please check which membership level that applies.

Self Advocate \$10 _____ SUFU Supporter \$10 _____

Name of Member _____

ADDRESS (Please include the member's individual home address)

Street _____

Town _____

State _____ Zip Code _____

Phone: _____ Email Address: _____

Birthday: _____

Please send payment and membership form completed to:

Speaking Up For Us

PO Box 6320

Cape Elizabeth, ME 04107

For questions call :

Monique: (207) 476-5500