

## Application for Membership into Stepping Out, Inc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please tell us how you first heard of Stepping Out, Inc.: \_\_\_\_\_

Education (list the school or program you attended last and the grade or level completed):

\_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Are you paid? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Where do you work and what do you do? \_\_\_\_\_

What are your special interests or hobbies? \_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

Are you now or have you ever been part of another group? Please list which one(s) and dates attended:

\_\_\_\_\_

\_\_\_\_\_

The group or program leader's name and phone number: \_\_\_\_\_

Do you know anyone who is a past or current member of Stepping Out, Inc.? \_\_\_\_\_ Name? \_\_\_\_\_

Do you have any medical problems that would prevent you from participating in sports activities? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List all medications you are on and what you are taking them for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s), Address(es) and Phone Number(s) of your Parent(s) or Legal guardian(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application for Membership into Stepping Out, Inc.

Reference: (Please list the name, address and phone number of a Doctor, Teacher, Counselor, Social Worker or Psychologist who knows about your developmental disability):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I grant permission for \_\_\_\_\_ to give information to the Stepping Out, Inc.  
(print name of the above reference here)  
professional staff for the purpose of determining my eligibility for membership. The Stepping Out, Inc.  
professional staff shall hold my information in strict confidence.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please enclose a \$235 check to cover your enrollment fees, the first 12 month's Annual Family Dues, and the first Monthly Dues for attending 3 trial meetings. If, after these trial meetings, you decide not to join Stepping Out, Inc. \$100. will be refunded. The \$100 of the initial Family Dues is retained for processing your application. (Because staff expenses have been incurred from your application you understand that \$35 of the above amount will not be refunded should you decide not to join.) After the first month's trial meetings and your indication of your continued attendance in Stepping Out, Inc. you will be billed and are responsible for each month's dues which are currently \$35 and the family members or guardian will be responsible for the Annual Family dues (currently \$100) which will be billed in January of each year and are non-refundable if dropped during the year. You understand that these dues must be paid whether or not you attend the activities. You may drop out of Stepping Out, Inc. after you notify the professional staff and the treasurer **in writing**, and understand that you will be responsible for paying all the dues through the last date of your attendance.

Please mail this application and check to:

Stepping Out, Inc.  
243 Warrington Avenue  
Providence, RI 02907



# Stepping Out, Inc.