



The Able Trust Alumni Association Membership Form

Section 1: Contact Information

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home phone: _____

Email address: _____

Date of birth: _____

Section 2: Directory Permission

_____ Please check if your contact information may be included in an Alumni Association Directory.

Section 3: Program Participation

Which Able Trust programs did you participate in? Check all that apply.

a. Community based, Able Trust supported programs. Program name:

b. HSHT program: Date of graduation: _____

c. YLF program: Year first participated: _____

Section 4: Post-secondary Education:

Fill out this section if you completed or are completing additional schooling or certification training to help in your employment activities.

Name of post-secondary institution: _____

Degree or certification sought or received: _____

If graduated, date of graduation: _____

If not graduated, expected date of graduation: _____

Section 5: Current Work Information, if applicable:

Employer: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Work phone: _____ Work email: _____

Section 6: Other

Other comments: _____

Mail or email to: The Able Trust Alumni Association
3320 Thomasville Road, Suite 200
Tallahassee, FL 32308
Info@abletrust.org
850-224-4493
www.abletrust.org

****There is no cost for alumni of Able Trust programs to join the Alumni Association.***

The mission of The Able Trust is to be a key leader in providing Floridians with disabilities opportunities for successful employment.