

Beta Alpha Network Registration Form

Thank you for registering your network in Beta Alpha. We are excited that you have decided to join the push toward full inclusion. You are opening up the door for you and others to help reach that goal.

Network Name: _____

NOTE: Please choose a name that identifies your region. (Examples: Minnesota Voices for Inclusion, Bay Area Helping Hands, DC Voices that Care, The Vancouver Network for Inclusion)

Network Contact: _____

NOTE: There should be one contact per group.

Phone Number: _____

Email: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Please mail, fax, or email this form to:

National Inclusion Project

Attn: Beta Alpha Network Registration

PO Box 110104

RTP, NC 27709

Fax: 919-314-5541

Email: aronhall@inclusionproject.org

