



Patty's Place is a non-profit volunteer organization that advocates for adults with disabilities and their families.

Please Print Clearly

Primary Member: First _____ Last _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Addl Family Member: First _____ Last _____

Relation: _____ Occupation: _____

Addl Family Member: First _____ Last _____

Relation: _____ Occupation: _____

Addl Family Member: First _____ Last _____

Relation: _____ Occupation: _____

Guardian's Name: _____ Cell# _____

Emergency Contact Person: _____ Emergency Number: _____

Home address: _____

Home Telephone: _____ Cell # _____

Primary Email : _____

1) What activities or events would you like to see? _____

2) What services in the community are you looking for? _____

3) What special skills or talents do you or your family members have that could contribute to the group?

4) Which day and time of day are you available to volunteer for events?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Mornings _____ Afternoon _____ Evenings _____

By signing this application the member agrees to abide by all Patty's Place rules of conduct and organizational policies. Failure to adhere to the rules will result in suspension/termination of membership. (See Code of Conduct)

Member Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Adminstration Fee: (non-refundable) \$25 per person/per year

This fee helps cover the operating costs such as insurance, telephone, website, postage, etc...

***** Becoming a registered member gives you access to reduced fees on social activities!*****

of Members: _____ Check # _____

Amount Paid: _____ Date: _____

Please make checks payable to "Patty's Place"

4016 River Oaks Drive Suite 6 #185

Myrtle Beach, SC 29579

(843) 516-2013