



Fredericksburg Area Council on Transition

FACT

Membership Application

Through collaboration and educational efforts with students, families, local school agencies, service providers, employers, and other community members, FACT (Fredericksburg Area Council on Transition) will educate and support individuals with disabilities, their families, and community members regarding transition from the educational environment to employment, integration and independent living in the community. Areas served by FACT include the City of Fredericksburg and the Counties of Stafford, King George, Caroline, and Spotsylvania.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you representing an agency or organization?

Agency Name: _____

Your Role/Title: _____

I am interested in becoming a:

___ **Voting Member**

An individual who 1.) completes the membership application, 2.) supports the purpose of FACT, 3.) attends and participates in at least 6 out of 9 regularly scheduled FACT meetings during the school year (September-May)

___ **Member**

An individual who 1.) completes the membership application, 2.) supports the purpose of FACT

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

This application leads to membership, I understand that false or misleading information in my application may result in my release.

I received a copy of the FACT Bylaws.

Signature: _____ Date: _____

Return completed applications to councilontransition@gmail.com or mail to:
Parent Teacher Resource Center c/o FACT
601 Gayle Street, Washington Building
Fredericksburg, VA 22405