

Membership Application

_____ Parent/Guardian/Relative

_____ Interested Citizen

_____ Teacher/Educator

_____ Professional (field serving
people with disabilities)

_____ Organization/Business

I wish to volunteer _____

I need information on _____

Enclosed is my membership payment: (select one)

_____ Student \$15.00

_____ Member of The Arc \$30.00

_____ Friend of The Arc \$50.00

_____ Sponsor of The Arc \$75.00

_____ Patron of The Arc \$100.00

_____ Corporate Sponsor \$200.00

_____ People First \$15.00

Name _____

Address _____

City, State, Zip _____

Phone: Home _____

Work _____

At this time I prefer to give a contribution to The Arc

Amount enclosed \$ _____

Name _____

Address _____

City, State, Zip _____

Your Support is Tax Deductible.