

Membership Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell/Mobile Phone Number: \_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check (as many as apply) the reasons why you are joining The Arc:

\_\_\_ Interest in ADVOCACY for people with disabilities and/or their families.

\_\_\_ Public/government affairs that affect people with disabilities.

\_\_\_ Get to know other families with members who have developmental disabilities.

\_\_\_ Provide volunteer help for events connected with The Arc.

\_\_\_ Support for the goals of The Arc.

\_\_\_ Stay current on information about supports for people with developmental disabilities.

\_\_\_ Benefits of membership in The Arc (e.g., discounts on purchases, insurance, etc.)

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your membership application to:

Mary May, Membership Chair

The Arc of Butler County

282 N. Fair Avenue

Hamilton, OH 45011

Annual Dues for The Arc: **$20.00**