Arc West Central Membership Application/Donor Form

All memberships expire December 31st

_____
Date

Type of Membership (check one) ☐ Individual ($30) ☐ Family ($50)

☐ Student or Self – Advocate (person with an intellectual or developmental disability) ($20)

$150
$250
$500
0 ☐ Organization ($150 - White Rose level, $250 - Yellow Rose level, $500 - Red Rose level)

_____ Amount

☐ Renewing Member ☐ New Member ☐ Donation Memorial or In Honor of_____

Name _____
Last First

Name of Second Adult (if family membership) _____
Last First

Business (if applicable) _____

Address _____
Street Apt/Suite

_____ _____ _____ _____
City State Zip Code Email Address

Telephone Number _____ _____ _____
Home Business Cell

Relationship to Person with Disability (check all that apply):

☐ Parent ☐ Guardian ☐ Foster Parent ☐ Sibling ☐ Grandparent
☐ Relative ☐ Friend ☐ Coworker ☐ Professional ____ Other _____

Full Name of Person with Disability (if applicable) _____

Interested in receiving Monthly Fun Sheets _____ via Postal service _____ via email _____
Email Address

Age of Person with Disability (if applicable) ☐ Infant (0 - 12 mo.s) ☐ Toddler (1-3) ☐ Preschool (3-4)
☐ Child (5 - 12) ☐ Teenager (13 - 17) ☐ Adult (18 - 54) ☐ Senior (55+)

Type of Disability _____ ☐ Interested in email Action Alert

Ideas for workshops/Comments _____

_____

_____

The Arc
West Central
For people with intellectual and developmental disabilities

Please include a check or money order payable to Arc West Central for the amount specified beside the type of membership you have chosen.

Please fill out and mail application to:

Arc West Central
810 4th Ave. South, Suite 134