



# Membership Form

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Membership

- \_\_\_ General \$35
- \_\_\_ Sponsor \$50-75
- \_\_\_ Contributor \$100
- \_\_\_ Silver \$250
- \_\_\_ Gold \$500
- \_\_\_ Platinum \$1000

## Tell us your interest in Arc?

- \_\_\_ I am a Self Advocate
- \_\_\_ I am a parent of a person with developmental disabilities
- \_\_\_ I am a relative of a person with developmental disabilities
- \_\_\_ I am a professional working in disability related services
- \_\_\_ I am a friend of a person with developmental disabilities
- \_\_\_ My business provides jobs for people with developmental disabilities
- \_\_\_ Other \_\_\_\_\_

\_\_\_ I would like to be a member of Arc but unable to pay the dues at this time.

Paying by **Check?**

Please make checks payable to ***The Arc Southeastern Minnesota.***

\_\_\_ Please email the news-letter to:

Paying by **VISA** \_\_\_ or **MASTERCARD** \_\_\_

Name as it appears on the card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Thank You for joining The Arc Southeastern MN.**

**We appreciate your support.**