

The Arc of the District of Columbia, Inc.

Application for Membership

Why Join The Arc of DC?

We need your voice! Because of the hard work of members like you, people with disabilities today have choices in how they live, learn, work and play in the District of Columbia and across the nation.

Join our movement and become a valued member today!

New Member **Renewing Member** **Donor**

Date _____

Name _____

Organization name (if applicable) _____

Address _____

Telephone _____ Email _____

Type of Membership (check one)

Annual Membership

- | | | | |
|--|-----------|--|------------|
| <input type="checkbox"/> Individual | \$20/year | <input type="checkbox"/> Student | \$10/year |
| <input type="checkbox"/> Family | \$30/year | <input type="checkbox"/> Non-profit organization | \$50/year |
| <input type="checkbox"/> Self advocate | \$10/year | <input type="checkbox"/> Corporate | \$100/year |

Life Membership

- | | | | |
|-------------------------------------|-------|---------------------------------|-------|
| <input type="checkbox"/> Individual | \$300 | <input type="checkbox"/> Family | \$500 |
|-------------------------------------|-------|---------------------------------|-------|

Support The Arc of DC

I would like to make a donation in the amount of:

- \$1,000 \$500 \$250 \$100 \$50 Other amount _____

Payment by:

- cash check/money order
- VISA _____ Exp. Date _____
- MasterCard _____ Exp. Date _____

Please make checks payable to The Arc of the District of Columbia, Inc.

The Arc of DC dues are tax deductible.

Send this form with your dues payment to:

The Arc of the District of Columbia, Inc.
Membership Department
817 Varnum Street, NE, Suite 229
Washington, DC 20017

Received _____

No. _____

Expiration Date _____

STN _____