

# 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**

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 |
|-------------------------------------|-------|---------------------------------|-------|

#### Payment by:

- |                                     |       |  |       |
|-------------------------------------|-------|--|-------|
| <input type="checkbox"/> VISA       | _____ | Exp. Date                                  | _____ |
| <input type="checkbox"/> MasterCard | _____ | Exp. Date                                  | _____ |
| <input type="checkbox"/> cash       |       | <input type="checkbox"/> check/money order |       |

**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  
415 Michigan Avenue, Suite 400  
Washington, DC 20017

Received \_\_\_\_\_

No. \_\_\_\_\_

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

STN \_\_\_\_\_