



The Arc of Shelby County

Membership Form 2018



Please print this form and send it to the address below. Please also include your check in the amount indicated. We thank you for your support of The Arc.

Name(s):		
Organization:		
Mailing Address:		
P. O. Box:		Apt. #:
City:	State:	Zip Code:
Phone: ()	Cell: ()	Work: ()
E-mail Address:		
<input type="radio"/> New Membership <input type="radio"/> Renewal Membership <input type="radio"/> Gift Membership for: _____		
Type of Annual Membership		
<input type="radio"/> Self Advocate \$ 5.00 (Individual with a Developmental Disability)		
<input type="radio"/> Single \$10.00 (One family member)		
<input type="radio"/> Family \$15.00 (Two or more family members)		
<input type="radio"/> Professional \$15.00 (Working or Teaching in the Field of Developmental Disabilities)		
<input type="radio"/> Business \$25.00 (Company or Organization)		
I would like to make an additional donation in the amount of \$_____ to help support the goals of The Arc (Please see the enclosed Golf Outing Registration form if you wish to further support the ongoing work of the Arc.)		
Please send this membership form and your check made payable to the following:		
The Arc of Shelby County 1202 Highpointe Blvd. Shelbyville, IN 46176		
Thank you for your support of <i>The Arc of Shelby County</i>		

Your membership is important in sustaining or improving our efforts to help the families and individuals in our community that need our help. It reinforces our advocacy efforts as well as supporting our programs for helping the over 250 children enrolled in the SENSES Indoor Playroom Gym and over 40 adult members in The Shelbyville VC Action Club community service program.