

DATE: \_\_\_\_\_



## Membership Application Form

Name: \_\_\_\_\_ Age of Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Membership/Contribution:

- \$20 Individual/Family
- \$75 Corporate
- \$\_\_\_\_\_ Endowment Fund

\$\_\_\_\_\_ Contribution to The Arc

\$\_\_\_\_\_ Total Amount Enclosed

### Are you a:

- Self-Advocate
- Parent/Relative of a person with a disability
- Professional in the field of disabilities
- Interested Community Member

Please make checks payable to The Arc of Calhoun County

Mail to: 506 Riverside Drive  
Battle Creek, Michigan. 49015

The Arc of Calhoun County is a 501 (c) (3) Non-Profit Agency that serves people with intellectual and developmental disabilities.