



Annual Membership Application or Renewal

April 1, 2017 through March 31, 2018

Please complete this application form if you are **renewing** your membership, or **joining** as a new member.

- \$20.00 Single Membership (1 household member)
 \$15.00 Senior Membership (65 or older)
 \$10.50 Self-Advocate Membership
 Plus additional contribution of \$_____

Payable by check or credit card:

Credit Card Number _____
 (VISA or MASTERCARD only)

Exp. Date _____ CVC (3 digit code) _____

**Membership Fee includes membership to
 The Arc and The Arc of Illinois**

NEW _____ The Arc Sustaining Member Monthly Membership

- \$ 20.00 month
 \$ 50.00 month
 \$100.00 month
 Other monthly amount of \$_____

I support The Arc's mission and wish to provide monthly assistance as a sustaining member with a monthly automatic withdrawal transaction from my checking account.

*If choosing this option, please attach a **voided** check and return with this application as directed below. This deduction will continue until cancelled by you.

Name _____

Address _____

City/Zip _____

(____) _____

(____) _____

Phone-home _____

Phone-cell _____

*Email – Required for updates on advocacy, ongoing legislative action, and social events reminders.

Applicant's Age Group: 1-24 25-34 35-44 45-54 55-65 66+

Classification of Member:

- Self-Advocate Professional in field of intellectual or developmental disabilities
 Interested Citizen Parent, step-parent, legal guardian, sibling, grandparent, aunt, or uncle of
 Staff Member a person with an intellectual or developmental disability, living or deceased

If related, age of person with intellectual or developmental disability:

- 1-21 22-35 36-50 51+

Return with payment to
The Arc of the Quad Cities Area
4016 9th Street, Rock Island, IL 61201

Questions? Call Lori at 309-786-6474 or visit our web site at www.arcqca.org