



# Membership Application or Renewal

April 1, 2011 through March 31, 2012

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

- |  |                  |
|--|------------------|
| _____ Single Membership (1 household member) | \$20 per year    |
| _____ Senior Membership (65 or older)        | \$15 per year    |
| _____ Self-Advocate Membership               | \$10.50 per year |
| _____ The Arc Staff Membership               | \$20 per year    |

*Membership Fee includes membership to The Arc of Illinois and The Arc of the United States.*

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Name

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Address

City/Zip

( )

( )

Phone-home

Phone-cell

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

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

Classification of Member:

- |   |   |
|---|---|
| <input type="checkbox"/> Self-Advocate      | <input type="checkbox"/> Professional in field of intellectual or developmental disabilities  |
| <input type="checkbox"/> Interested Citizen | <input type="checkbox"/> Parent, step-parent, legal guardian, sibling, grandparent, aunt, or uncle of 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+

Make checks payable to **The Arc of Rock Island County** and mail to:  
4016 9<sup>th</sup> Street, Rock Island, IL 61201

Questions? Call Angela at 309-786-6474 or visit our web site at [www.arccic.org](http://www.arccic.org)