



Membership Application or Renewal

April 1, 2010 through March 31, 2011

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

_____ Single Membership	\$20 per year.	Entitled to one vote.
_____ Senior Membership (65 or older)	\$15 per year.	Entitled to one vote.
_____ Self-Advocate Membership	\$10.50 per year.	Entitled to one vote.
_____ The Arc Staff Membership	\$20 per year.	Not entitled to vote.

Name *(Each spouse who wishes to vote must hold a Single Membership; use the reverse side for second spouse's application/renewal)*

Address City/Zip

Phone E-mail address

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 disabilities
- Interested Citizen Parent, step-parent, legal guardian, sibling, grandparent, aunt, or uncle of a person with an intellectual disability, living or deceased

If related, age of person with intellectual disability:

1-21 22-35 36-50 51+

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

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