



Achieve with us.®

## Membership Application

Yes! I would like to be a member of the largest organization in the United States dedicated to improving the quality of life for people with intellectual and developmental disabilities (IDD).

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please check all that apply:**  Self Advocate  Parent and/or Guardian  
 Other Family Member  Friend  Professional  Organization/Corporation

Organization or Company Name \_\_\_\_\_

**If you have a family member with IDD, please complete the following information:**

Name of Family Member with IDD \_\_\_\_\_

Age Group (Circle One) 1-24 25-34 35-54 55-65 66+ Birthday \_\_\_\_\_

### Membership Levels:

**Individual/Family Membership** - \$50 \_\_\_\_\_

**Patron of the Arc Membership** - \$100 \_\_\_\_\_

**Silver Patron of the Arc Membership** - \$500 \_\_\_\_\_

**Gold Patron of the Arc Membership** - \$1000+ \_\_\_\_\_

**Interested in volunteering?** Please check your areas of interest.

- Day Activity Program  Monthly Dances/Bingo  Golf Tournament
- Barn Dance  Gala  Communications & Marketing Committee
- Program Committee  Board of Directors
- Offering my talents, skills in other ways (please list) \_\_\_\_\_

**WELCOME TO THE ARC FAMILY AND THANK YOU FOR YOUR SUPPORT!**

New Member \_\_\_\_\_

Renewing Member \_\_\_\_\_

Cash \_\_\_\_\_

Received \_\_\_\_\_

Processed \_\_\_\_\_

Check # \_\_\_\_\_

The Arc of Katy • P. O Box 6133 • Katy, Texas 77491  
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