

We could use another voice...yours. Please decide to help others. Join the Arc movement.

NEW MEMBERSHIP OR RENEWAL APPLICATION

Group Home Name _____

First Name(s) _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Area Code _____ Phone Number _____

Email Address _____

Self-Advocate Professional in the Field of Developmental Disabilities

Self-Determination Home Parent/Relative of Person with Developmental Disabilities

Group Home with _____ number of residents

Group Home Manager _____

We will need the client's name and birth date. Please fill out the information below.
Use additional page if needed.

First Name _____ Last Name _____ Birth Date _____

First Name _____ Last Name _____ Birth Date _____

First Name _____ Last Name _____ Birth Date _____

First Name _____ Last Name _____ Birth Date _____

Enclose the \$30.00 membership fee for an individual, family, or group home membership.

Additional donations enclosed \$ _____

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