

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

____ NEW MEMBERSHIP OR ____ RENEWAL APPLICATION

Type of Membership (check one): ____ Individual ____ Family ____ Group Home

INDIVIDUAL OR FAMILY MEMBERSHIP — Please fill out this section

First Name(s) _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Participant's Name _____ Participant's Birthdate _____

Phone Number _____

Email Address _____

Please check one of the following boxes:

Self-Advocate

Professional in the Field of Developmental Disabilities

Self-Determination Home

Parent/Relative of Person with Developmental Disabilities

GROUP HOMES — Please fill out this section.

Group Home Name _____ Phone Number _____

Street Address _____ City _____ State ____ Zip _____

Group Home Manager _____ Number of Residents _____

Please list the group home residents below along with their birthday. Use an 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 _____

\$ _____ membership fee (\$30 for individual, family, or group home)
\$ _____ additional donation
\$ _____ Total Amount Enclosed

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