



The Arc of Washington State Membership Form

Please print this page, complete it and mail along with a check for \$15 to address on the form below.

Name(s):			
Organization:			
Mailing Address:			
P.O. Box:		Apt #:	
City:	State:	Zip Code:	
Phone: ()		Work: ()	
E-mail Address:			
Comments:			
<input type="checkbox"/> I would like to receive mailings from the state and national level. <input type="checkbox"/> I would <u>NOT</u> like to receive mailings from the state and national level.			
<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal Membership <input type="checkbox"/> Gift Membership for: _____			
\$15.00 enclosed for state and national membership Mail to: <div style="text-align: center; margin-top: 10px;"> The Arc of Washington State - Membership 2638 State Ave. NE Olympia, WA 98506 </div>			

Arc National Survey *(optional information)*

Age Group of Member	<input type="checkbox"/> 1 - 24 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 65 <input type="checkbox"/> 66+
Classification of Member	<input type="checkbox"/> Self-Advocate <input type="checkbox"/> Interested Citizen <input type="checkbox"/> Professional in the Field of Intellectual or Developmental Disabilities <input type="checkbox"/> Parent/Relative of a Person with an Intellectual or Developmental Disability
If parent, age of person with a developmental disability	<input type="checkbox"/> 1 - 21 <input type="checkbox"/> 22 - 35 <input type="checkbox"/> 36 - 50 <input type="checkbox"/> 51+
<input type="checkbox"/> I would like to receive mail from the National Arc.	