



# Join The Arc Membership

Become a member of The Arc today and join the largest advocacy group in the US working for people with intellectual and developmental disabilities to be fully included as citizens who live, learn, work, and play in their community.

## Why should I be a member?

More than 80 years ago, parents and families like you started The Arc of Whatcom County as a grassroots organization of members who wanted to improve the lives of children with disabilities. These many decades later, YOUR VOICE contributes to strengthen our grassroots movement. Your membership helps to keep our services free, and it also increases our voting power on national issues with The Arc of the US. History has shown that the collective voice has considerable influence, so we invite you to be part of our collective voice as a member.

**Your chapter membership includes:** Membership in the State and National Arcs, a vote on incoming board members at The Arc of Whatcom County’s annual meeting, informed communication and news alerts from a trusted source, leadership and volunteer opportunities, a stronger community of powerful voices, and inclusion of everyone to thrive as equal, valued, and active participants of our community

Your membership is valid for one year. Your contribution covers the cost of membership, and ensures that all members have a voice, regardless of their ability to pay membership dues. *Thank you for your support!*

## Membership Form

Name \_\_\_\_\_ Organization (if any) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

This is a (check one):  New Membership  Renewal

### Membership Type & Annual Dues (check one):

- \$10 Self-Advocate
- \$20 Individual
- \$30 Family (Age of Self-Advocate family member: \_\_\_\_\_)
- \$50 Professional
- \$100 Community Partner
- Pay what you can: \$ \_\_\_\_\_
- Scholarship Request
- Sponsor a Self-Advocate’s membership (\$10 each)  
Name of Self-Advocate: \_\_\_\_\_  
Mailing Address of Self-Advocate: \_\_\_\_\_

### I am a/an (check all that apply):

- Parent/Relative of a person with a Developmental Disability
- Self-Advocate
- Professional in the field of Developmental Disabilities
- Interested Citizen

### Member Age(s):

- 1-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

**Would you like your membership to automatically renew every year?**  
Visit [www.arcwhatcom.org](http://www.arcwhatcom.org) and go to Contribute → Become a Member. At checkout, select “Year” when given the option to repeat payment.

<u>Additional Donation:</u> I’m including an additional donation of \$ _____ to support The Arc!	<u>Membership Dues:</u> Membership Amount: \$ _____ (from above)
Payment Details: Cash, Credit Card, or Check # _____ (Circle one)      TOTAL (Membership plus donation): \$ _____	