

## **MEMBERSHIP RENEWAL FORM**

N	NAME:							
TITLE:								
ORGANIZATION:								
ADDRESS:								
CITY/STATE/ZIP:								
PHONE: EMAIL: MEMBER ID:								
MEMBER 10:								
Membership Categories								
		Corporate Membership				Nonprofit, Academic or Government		
	]	\$5,000	Corporate Community Leader			\$3,000	Agency Community Leader	
	]	\$3,000	Corporate Community Supporter			\$1,500	Agency Community Supporter	
	]	\$1,500	Corporate Community Friend			\$750	Agency Community Friend	
	□ \$750 Small Business/Consulting Community Friend							
Tax Deductible Gift:								
TOTAL:								
<b>PAYMENT OPTIONS:</b> All payments must be made in U.S. dollars drawn on a U.S. financial institution. If paying by check, make payable to: <b>The Arc</b> or, to pay by Credit Card, sign below and indicate Credit Card Number and Expiration Date.								
□ Check Enclosed. Please do not send cash.								
Credit Card Type: □ Visa □ MasterCard □ AMEX								
Card Holder Name as it appears on the credit card:								
Cred	Credit Card Number:Exp. Date:/							
Cian	Signaturo:							

MAIL FORM & PAYMENT TO: The Arc 1825 K Street, NW Suite 1200 Washington, DC 20006

All membership fees are nonrefundable and nontransferable.