



MEMBERSHIP RENEWAL FORM

ORGANIZATION:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	EMAIL:
MEMBER ID:	

Membership Categories

- | | | |
|--------------------------|-------|--------------------------|
| <input type="checkbox"/> | \$35 | Self-Advocate Membership |
| <input type="checkbox"/> | \$50 | Individual Membership |
| <input type="checkbox"/> | \$125 | Family Membership |

Tax Deductible Gift: _____ TOTAL: _____

PAYMENT OPTIONS: All payments must be made in U.S. dollars drawn on a U.S. financial institution. If paying by check, make payable to: The Arc 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: _____

Credit Card Number: _____

Exp. Date: ____/____

Signature: _____

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

All membership fees are nonrefundable and nontransferable.