



## Membership Application

New Membership

Membership Renewal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of the individual with a disability: \_\_\_\_\_

What is the disability? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/We wish to renew the ARCh Membership: *(Check appropriate box)*

- \$10.00 - Individuals who live in group homes, nursing homes and assisted supported living arrangements outside of the family home.
- \$50.00 - Family Membership

In addition to renewing our membership, I/we wish to make an additional contribution of:

- \$15     \$25     \$50     \$100    Other \_\_\_\_\_

**This information is needed to fulfill requirements of funder's. Identity's will remain anonymous.**

Ethnicity:		Income:	
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> \$00.00-\$11,999	<input type="checkbox"/> \$25,000-\$49,999
<input type="checkbox"/> African American	<input type="checkbox"/> Hawaiian Native /Pacific Islander	<input type="checkbox"/> \$12,000-\$14,999	<input type="checkbox"/> \$50,000-\$74,999
<input type="checkbox"/> American Indian /Alaskan Native	<input type="checkbox"/> Unknown	<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> above \$75,000

Please send me information on the following program(s) and service(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Socials and Small Group Activities | <input type="checkbox"/> Personal/Educational Advocacy                                     |
| <input type="checkbox"/> ARCh Life Needs Trust                    | <input type="checkbox"/> Presentations on disabilities/acceptance to youth or adult groups |
| <input type="checkbox"/> Camp Pow Wow                             |  |
| <input type="checkbox"/> Teen Time                                |  |

ARCh depends on our many energetic volunteers. If you are interested in being a volunteer, please fill out the information below:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best time to reach you: (please check one)     Morning     Afternoon     Evening

Please remit payment to: ARCh 419 Frederick St. Waukesha, WI 53186-5605	For Office Use only: Check #: _____ Renewal Date: _____
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