



Achieve with us.®

Membership Application

Yes! I would like to be a member of the largest organization in the United States dedicated to improving the quality of life for people with intellectual and developmental disabilities (IDD).

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work/Cell _____

E-Mail _____

Please check all that apply: Self Advocate Parent and/or Guardian
 Other Family Member Friend Professional Organization/Corporation

Organization or Company Name _____

If you have a family member with IDD, please complete the following information:

Name of Family Member with IDD _____

Age Group (Circle One) 1-24 25-34 35-54 55-65 66+ Birthday _____

Membership Levels:

Individual/Family Membership - \$50 _____

Patron of the Arc Membership - \$100 _____

Silver Patron of the Arc Membership - \$500 _____

Gold Patron of the Arc Membership - \$1000+ _____

Interested in volunteering? Please check your areas of interest.

- Day Activity Program Monthly Dances/Bingo Golf Tournament
 Barn Dance Gala Communications & Marketing Committee
 Program Committee Board of Directors Be Strong Program
 Offering my talents, skills in other ways (please list) _____

WELCOME TO THE ARC FAMILY AND THANK YOU FOR YOUR SUPPORT!

New Member _____

Renewing Member _____

Cash _____

Received _____

Processed _____

Check # _____

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