

Membership Form

Mail to: The Arc of Laramie County, PO Box 1812, Cheyenne WY 82003

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

Would you like notifications by e-mail: yes No

Membership Rates:

- | | |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> \$25 Individual | <input type="checkbox"/> \$40 Family (2 or more persons) |
| <input type="checkbox"/> \$150 Corporate (1-5 Employees) | <input type="checkbox"/> \$165 Corporate (6-10 Employees) |
| <input type="checkbox"/> \$180 Corporate (11+ Employees) | |

(Allows support staff of members to get member benefits and attend events)

My additional gift/donation of \$ _____ is also enclosed.

In memory of: _____

You are a: Self-Advocate Interested Citizen
 Professional in the field Parent/Sibling/Relative

Your age group: 1-24 25-34 35-44 45-54 55-65 65+

The Arc National sends out 2 mailings a year and e-mails.

Would you like to receive these? Yes No

I am most interested in:

- | | |
|-----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Arc Transportation program | <input type="checkbox"/> Social Skill Class |
| <input type="checkbox"/> Bowling Leagues | <input type="checkbox"/> ArcScursions |
| <input type="checkbox"/> Governmental Issues | <input type="checkbox"/> Governor's Tree Lighting Ceremony |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Monthly Community Activities |

The Arc of Laramie County takes pictures and uses them for the newsletter, web-site and Facebook. If you DO NOT want your photo to be used please sign below. If you are OK with your photo being used leave blank. This form is binding and releases the Arc from any and all liability within the realm of photos being used for the Arc of Laramie County purposes.

I DO NOT want my photo used: _____

Please review and sign release of liability on back side of form.

ARC SYMBOL

ARC OF LARAMIE COUNTY

BOARD MEMBER NAME

In recognition and appreciation for your service to our Board and our Clients that we serve and represent.