



The Arc of Greensboro, Inc.  
1050 Revolution Mill Drive, Studio 3  
Greensboro, NC 27405  
Phone: 336.373.1076 ♦ Fax: 336.272.0718

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## Membership Form

Name \_\_\_\_\_  
(Please print your name as you would like it to appear)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check if you prefer communicating with us by e-mail \_\_\_\_\_

### Membership Level

- \_\_\_\_\_ \$10 Self Advocate (adults with developmental disabilities)  
\_\_\_\_\_ \$25 Individual  
\_\_\_\_\_ \$30 Family  
\_\_\_\_\_ \$50 Community Partner  
\_\_\_\_\_ \$100 President's Club

We accept checks, MC, VISA, and American Express.  
If paying by credit card please provide:

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_

### Membership Information:

Please describe yourself:

- \_\_\_ Person with a disability  
\_\_\_ Family member(s) of person with disability  
    • please specify relationship \_\_\_\_\_  
    • age of person with disability \_\_\_\_\_  
\_\_\_ Other (please specify) \_\_\_\_\_

Would you be interested in volunteering in any of the following areas?

- \_\_\_ Helping in the office with general administrative tasks  
\_\_\_ Working with the Challenger Sports League  
\_\_\_ Working on special events or individual projects  
\_\_\_ Working with Operation Santa Claus  
\_\_\_ Donating professional services (computer services, marketing, etc.)

Do you have other talents/skills that you are willing to share with us? \_\_\_\_\_

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*Please return this completed form with your membership payment*