



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

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? _____

Please return this completed form with your membership payment