



Achieve with us.

2015 Annual Membership Form

Yes! I want to join The Arc of Virginia and help strengthen the “A Life Like Yours” movement for people with intellectual and developmental disabilities and their families!

YOUR INFORMATION

| | |
|-----------|---------|
| NAME | E-MAIL |
| PHONE (H) | ADDRESS |
| PHONE (C) | |

MEMBERSHIP TYPE (check one)

| | | |
|--------------------------|-------------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> | Individual Membership | \$25/year |
| <input type="checkbox"/> | Family Membership | \$45/year |
| <input type="checkbox"/> | Self-Advocate Membership (Person with Intellectual and/or Developmental Disability) | \$5/year |
| <input type="checkbox"/> | Associate Membership | \$250/year |

FOR FAMILY MEMBERSHIP (provide names and contact information for additional members)

| NAME | ADDRESS | PHONE | E-MAIL |
|------|---------|-------|--------|
| | | | |
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Please make checks payable to **The Arc of Virginia** and mail to:

The Arc of Virginia
2147 Staples Mill Road
Richmond, VA 23230
ATTN: Membership

Thank You for Your Support of “A Life Like Yours!”