



Association for the Rights of Citizens with handicaps

Membership Application

New Membership

Membership Renewal

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Name of the Individual with a disability: _____

Type of disability? _____ Date of Birth: _____

❖ **I/We wish to renew the ARCh Membership: (Check appropriate box)**

\$10.00—Individuals who live in group homes, nursing homes and assisted supported living arrangements outside of the family home.

\$50.00—Family Membership

❖ **In addition to renewing membership, I/we wish to make an additional contribution of:**

\$15 \$25 \$50 \$100 Other _____

❖ **Please send me information on the following program(s) and service(s):**

- Adult socials & small group activities
- ARCh Life Needs Trust
- Camp Pow Wow
- Teen Time

- Personal/Educational Advocacy
- Presentations on disabilities/acceptance to youth or adult groups

❖ **ARCh depends on our many energetic volunteers (Friends of ARCh). If you are interested in being a volunteer, please fill out the information below:**

Name: _____ Phone Number: _____

Best time to reach you: (please check one) Morning Afternoon Evening

<p>Please remit payment to:</p> <p style="text-align: center;">ARCh 419 Frederick Street Waukesha, WI 53186-5605</p>	<p>For Office Use only: Setup MMP <input type="checkbox"/></p> <p>Check #: _____ <input type="checkbox"/> QB</p> <p>Renewal Date: _____ <input type="checkbox"/> MMP</p>
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