

# The Arc Minnesota, West Central Region Membership/Donor Form

All memberships expire December 31<sup>st</sup>

\_\_\_\_\_ Date

Type of Membership (check one)     Individual (\$30)     Family (\$50)

Student or Self – Advocate (person with an intellectual or developmental disability) (\$20)

Organization (\$150 - White Rose level, \$250 - Yellow Rose level, \$500 - Red Rose level)

Renewing Member     New Member    \$ \_\_\_\_\_ Donation, Memorial or In Honor of \_\_\_\_\_

\$ \_\_\_\_\_ Total Amount

Name \_\_\_\_\_  
Last First

Name of Second Adult (if family membership) \_\_\_\_\_  
Last First

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt/Suite

City State Zip Code Email

Telephone Number \_\_\_\_\_  
Home Business Cell

Relationship to Person with Disability (check all that apply):

Parent     Guardian     Foster Parent     Sibling     Grandparent  
 Relative     Friend     Coworker     Professional     Other

Full Name of Person with Disability (if applicable) \_\_\_\_\_  
Last First

Age of Person with Disability (if applicable)     Infant (0 - 12 mo.s)     Toddler (1-3)     Preschool (3-4)  
 Child (5 - 12)     Teenager (13 - 17)     Adult (18 - 54)     Senior (55+)

Type of Disability \_\_\_\_\_ Interested in email Action Alert

Ideas for workshops/Comments \_\_\_\_\_



Please include a check or money order payable to The Arc Minnesota, West Central Region for the amount specified beside the type of membership you have chosen.

Please fill out and mail application to:  
**The Arc Minnesota, West Central Region**  
810 4th Ave. South, Suite 134  
Moorhead, MN 56560