B**OARD OFFICERS:**

**Melissa Stevens**

**President**

**Matt Whitcomb**

**Vice President**

**Open**

**Treasurer**

**Mikayla Shaw**

**Secretary**

**BOARD MEMBERS:**

**John B Wing**

**Kate Tibbs**

**Bob Baxter**

**Herman Goldberg**

**HONORARY MEMBER:**

**Terry Mangieri**

**EXECUTIVE DIRECTOR**

**Ross Almo**

ARC Rutland Area Membership

**Member Contact Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

check if Mendon Town

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_ check if Rutland Town

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell / work / home

e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARC Services:**

\_\_ Dances ­­ \_\_ Self Advocacy Meetings

\_\_ Legislative Information \_\_ AKtion Club

\_\_ Advocacy/Resources \_\_ Representative Payee

\_\_ Community Service/Fundraisers\_\_ Transportations

**Membership Options:**

\_\_\_\_$10- Individual Served \_\_\_\_ $20- Family Served \_\_\_\_ $\_\_.\_\_ Sponsor

**Information Needed for ARC Funding:**

1) Name Disability of interest:

2) Age or Birth Year:

3) Race:

4) Sex:

Type of Housing: Own Apartment / Assisted Living / Shared Living / with Family Member