



ARC Rutland Area 2023 Membership

Member Contact Information:

Name: _____ Date: _____

Address: _____

City, State _____ Zip _____ ☐ check if Mendon Town

☐ check if Rutland Town

Phone Number _____ cell / work / home

Email address: _____

ARC Services: (Check all that you use or are interested in)

- | | |
|--------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Dances | <input type="checkbox"/> Self Advocacy Meetings |
| <input type="checkbox"/> Legislative Information | <input type="checkbox"/> AKtion Club |
| <input type="checkbox"/> Advocacy/Resources | <input type="checkbox"/> Great Outdoor Adventure |
| <input type="checkbox"/> Community Service/Fundraisers | <input type="checkbox"/> Representative Payee |
| <input type="checkbox"/> Sensory Room | <input type="checkbox"/> Transportation |

Annual Membership Options:

____ \$15- Individual Served ____ \$25- Family Served ____ \$____ Sponsor

Information below is needed for ARC funders:

- 1.) Name of Your Disability: _____
- 2.) Age or Birth Year: _____
- 3.) Race: _____
- 4.) Sex/Gender: _____
- 5.) Type of Housing: ☐ Own Apartment ☐ Assisted Living ☐ Shared Living
☐ With Family