

Advocacy - Resources - Community
Serving Citizens with Developmental Disabilities and their Families

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## **ARC Rutland Area 2024 Membership**

## **ID/DD Member contact information:**

Name:	Date:	
City, State	, Zip	$\square$ check if Mendon
Email address:		□ check if Rutland Town
ARC Services: che	ck all that you use or are	interested in:
Dances	Self-Advocacy Meetings	Legislative Information
Aktion Club	Advocacy/Resources	Legislative Information Great Outdoor Adventure
Transportation	Community Service/Fun	draisers Representative Payee
Annual Membersh	nip Options:	
	rved; <b>\$25</b> Family Served need financial assistance or a	
	w is needed for ARC fund	
	bility/ies:	
2) Age/ Birth Year	:	
3) Race:		
4.) Sex/Gender:		
5.) Type of housing		
	ent Assisted Living Share	
6.) Can we use you	r photo at events/publications	s/ online?yes no
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Family relationship information	n	
Name:	Date:	
Relationship		(sibling, parent, grandparent, etc.)
Address:		
City, State	, Zip	_ □ check if Mendon
Email address:		□check if Rutland Town
Telephone Number:		
Shared-Home Provider Relatio	onship Inform	nation
Name:	Date:	
Relationship		
Address:		_
City, State	, Zip	_ □ check if Mendon
Email address:		
Telephone Number:		
Length of time living with you (years/ months)		months)
Daily or Day Care Provider Rel Name:	Date:	
Relationship		(if any or none)
Address:		- □ check if Mondon
City, State		
Email address: Telephone Number:		
Length of time (months/years) w		
Length of time (months/years) w	vicii you	
Other / Organizational Relatio	_	
Name:		
Relationship		(if any or none)
Address:		
City, State	_	
Email address:		
Telephone Number:		
Length of time known to you	(years/n	nontns)