ARC - Rutland Area, Inc.

Advocacy - Resources - Community

Serving Citizens with Developmental Disabilities and their Families

ARC Rutland Area 2026 Membership

ID/DD Member contact information:

Name: ______________________________ Date: ____________

Address: ____

City, State ___________________, Zip _____________ ▢ check if Mendon

Email address: __________________________ ▢ check if Rutland Town

Telephone Number: ______________________

ARC Services: check all that you use or are interested in:

___ Dances
___ Aktion Club
___ Transportation
___ Life Skills Courses
___ Self-Advocacy Meetings
___ Advocacy/Resources
___ Community Service/Fundraisers
___ Legislative Information
___ Great Outdoor Adventure
___ Representative Payee

Annual Membership Options:

___ **$15** Individual Served; ___**$25** Family Served $ _______ Sponsor

___ Let us know if you need financial assistance or a payment plan for your membership dues

Information Below is needed for ARC funders:

1) Name your disability/disabilities: ________________________
2) Age/ Birth Year: _______________
3) Race: _______________________
4.) Sex/Gender: __________________
5.) Type of housing:
   __ Own Apartment __ Assisted Living __ Shared Living __ With Family
6.) Can we use your photo at events/publications online? ____yes ___ no

SEE OTHER SIDE >>

128 Merchants Row, Suite 401, Rutland, VT 05701-5915~ (802) 775-1370 Fax 775-4544
Email address: info@arcrutlandarea.org Website: www.ARCRutlandArea.org

Family relationship information:

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 Relationship Information:

Name**:** _____ Date**:** _____
Relationship _____ (if any or none)
Address: _____
City, State _____, Zip _____ ▢ check if Mendon
Email address: _____ ▢check if Rutland Town
Telephone Number: _____
Length of time living with you _____ (years/ months)

Daily or Day Care Provider Relationship Information:

Name**:** _____ Date**:** _____
Relationship _____ (if any or none)
Address: _____
City, State _____, Zip _____ ▢ check if Mendon
Email address: _____ ▢check if Rutland Town
Telephone Number: _____
Length of time (months/years) with you _____

Other / Organizational Relationship Information:

Name**:** _____ Date**:** _____
Relationship _____ (if any or none)
Address: _____
City, State _____, Zip _____ ▢ check if Mendon
Email address: _____ ▢check if Rutland Town
Telephone Number: _____
Length of time known to you _____ (years/months)