



Membership Application

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Email _____

Check the categories that apply:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Self- advocate | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

ANNUAL MEMBERSHIP DUES

- \$20 individual
- \$30 family
- \$75 business/organization
- \$_____ Other

DONATIONS

\$ _____ additional gift to support the good work of Arc Midstate.

VOLUNTEER OPPORTUNITIES

I would like to learn more about volunteer opportunities with Arc Midstate.

Please contact me by phone _____ or email _____

Please make your check payable to Arc Midstate and send with this completed form to:
Arc Midstate, PO Box 251, St. Cloud, MN 56302

If you have questions about membership, contact us at 320.251.7272 or 877.251.7272.