

New Membership Form

Mail to: The Arc of Laramie County, PO Box 1812, Cheyenne WY 82003

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

Would you like notifications by e-mail: yes No

Membership Rates:

- \$20 Individual \$35 Family (2 or more persons)
 \$150 Corporate (allows support staff of members to get member benefits)

My additional gift/donation of \$ _____ is also enclosed.

In memory of: _____

You are a: Self-Advocate Interested Citizen
 Professional in the field Parent/Sibling/Relative

Your age group: 1-24 25-34 35-44 45-54 55-65 65+

The Arc National sends out 2 mailings a year and e-mails.

Would you like to receive these? Yes No

I am most interested in:

- Arc Transportation program Community Events
 Bowling Leagues ArcScursions
 Governmental Issues Governor's Tree Lighting Ceremony
 Volunteering

The Arc of Laramie County takes pictures and uses them for the newsletter, web-site and Facebook. If you DO NOT want your photo to be used please sign below. If you are OK with your photo being used leave blank. This form is binding and releases the Arc from any and all liability within the realm of photos being used for the Arc of Laramie County purposes.

I DO NOT want my photo used: _____

Office use: Date received: _____