



MEMBERSHIP FORM

Yes, I'd like to join/renew my membership in The Arc of Delaware.

Please print. Items marked with an asterisk (*) are required.

*First name:			
*Last name:			
*Street			
*City			
*State			
*Zip			
*Email:			
*Phone (preferred)			
Phone (alternate)			
*Category (circle one)	Self-advocate \$15	Individual \$35	Family \$50
*New or Renewal (circle one)	New member	Renewing member	

Please mail this completed form with your check, payable to *The Arc of Delaware*, to:

The Arc of Delaware
 2 S. Augustine St., Suite B
 Wilmington, DE 19804