



# 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.

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