The Arc of Greensboro, Inc.
1000 Revolution Mill Drive, Studio 4
Greensboro, NC 27405
T: 336.373.1076 • F: 336.272.0718

Membership Renewal Form

Name _____
[Please print your name as you wish for it to be recorded.]

Address _____
(Street) (City) (State) (Zip)

Phone _____ Email _____

Please check if you prefer to receive membership communication by email ___

Membership level:

_____ $10 Student membership (high school, college or graduate level)
_____ $10 Self Advocate (adults with developmental disabilities)
_____ $25 Individual
_____ $30 Family
_____ $50 Community Partner (businesses, civic groups, service providers)
_____ $100 President's Club
_____ $500 Arc "Angel"

I wish to make an additional tax-deductible contribution to benefit The Arc in the amount of _____

Total enclosed: _____

The Arc of Greensboro accepts membership fees via check, MasterCard, VISA and American Express.
If paying by credit card please provide:

Card #_____ Expiration date_____
Signature _____

Membership Information:
Please describe yourself:

_____ Person with a disability
_____ Family member(s) of person with disability
Please specify relationship _____
Age of person with disability _____
_____ Other (please specify) _____

Please return this completed form with your membership fee to the address above.