



Greater Prince William / INSIGHT

## Membership Application

**I want to help citizens with developmental disabilities by becoming a member of The Arc!**

Ms./Mr./Mrs. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Your email address is critical. Primary communication  
will be through your email address.*

Please check type of membership:

Individual/Family \$15.00

Self-advocate \$6.00

Business \$50.00

*\*Restricted membership (see below)*

**Checks should be made payable to ARC-GPW.**

**Mail to: The Arc**

**13505 Hillendale Drive**

**Woodbridge, VA 22193**

Please send me information about volunteer opportunities.

Yes  No

Do you have a person with developmental disabilities in your family?

Yes  No

If yes, what is his/her name: \_\_\_\_\_ Age: \_\_\_\_\_

Please check which of our services interest you or your family member?

Child Care

Respite Care

Workshops

Recreation Programs

Residential Programs

Vocational Programs

\* Self-advocate membership is for individuals with intellectual and developmental disabilities only.