



Membership / Corporate Application Form

Name: First		Last
Organization / Business:		
Street Address:		
Street Address Line 2:		
City:	State:	Zip Code:
Email Address:		
Home Phone:	Cell Phone:	

Please check appropriate boxes:

☐ Parent ☐ Guardian ☐ Sibling ☐ Educator ☐ Advocate ☐ Corporate

☐ Yes! Please email your newsletter *The Messenger*.

☐ Yes! I would like more information on how to be involved.

Membership Levels

- ☐ \$15 Self Advocate or Limited Income
☐ \$40 Individual or Family
☐ \$50 Silver Patron
☐ \$100 Gold Patron
☐ \$200 Platinum Patron

Corporate Levels

- ☐ \$100 Silver Corporate
☐ \$250 Gold Corporate
☐ \$500 Platinum Corporate

PAYMENT METHODS

☐ Check # _____ payable to: The Arc-Dane County

☐ Credit Card (VISA / Master Card / Am Ex / Discover)

Card Holder Name: _____

Card Number: _____

Expiration Date: _____ CSC: _____

Signature: _____

Please complete this form & return to: **The Arc-Dane County**
6602 Grand Teton Plaza
Madison WI 53719

Fax: 608-833-1307 or Email: arcdane@chorus.net

For more information on The Arc-Dane County, please visit us at: <http://arcdanecounty.org/>