



2017/2018 Membership & Advocacy Support Application

1342 South Chambers Road, Aurora, CO 80017, 720-213-1420

Date _____ My advocate is _____

Person Receiving Advocacy _____

Main Contact _____ Relationship to person _____

Mailing Address _____

Main phone _____ Alternate phone _____

Email Address _____

SIGN ME UP! I WANT TO (SELECT ONE OPTION: 1, 2, OR 3):

#1 _____ **be a Contributing Member**
(*\$30 annual contribution OR 2 hours of volunteering*)

_____ **Individual or**
_____ **Family (2+ people)**

THERE ARE SO MANY BENEFITS OF BEING A CONTRIBUTING MEMBER! SEE REVERSE SIDE FOR EXCITING DETAILS AND WHY NOW IS THE TIME TO SIGN UP!

#2 _____ **be a Member**

(See reverse side for details)

#3 _____ **not be a Member and only receive advocacy support**

NO MEMBERSHIP BENEFITS

Select all that apply:

\$ _____ \$30 Contributing Membership (after your first initial member payment, your annual contribution will be in July of each year)

Do you want to give an additional donation to support one of the below? _____ **YES** _____ **NO**

\$ _____ \$25 grocery gift card for people with disabilities and/or their families in need

\$ _____ \$60 one hour of advocacy

\$ _____ \$75 one hour of language translation

\$ _____ in honor of my advocate

\$ _____ unrestricted (used for any purpose The Arc of Aurora chooses)

\$ _____ TOTAL (Membership and any additional donation)

Payment (if applicable)

\$ _____ Check (# _____) \$ _____ Cash \$ _____ Credit/Debit Card (if choosing credit/debit card payment, Erica Dennison from The Arc of Aurora will personally call you so that you can pay over the phone).

_____ Volunteering to "pay" for Contributing Membership (fill out other side of this form)

Stay connected!

*Have you ever wondered about The Arc of Aurora's work in the community besides advocacy? The Arc of Aurora is dedicated to creating change! For that reason, we offer newsletters, tools, trainings, and community outreach! Please check the below if you're interested in receiving **email** communication for any of the following.*

_____ School House Newsletter

_____ V-Trail Newsletter

_____ Training/Conference opportunities

_____ Legislative/Public Policy Action

-----**TO BE COMPLETED BY THE ARC OF AURORA STAFF**-----

Membership: _____ New _____ Renewal **Advocate (if applicable):** _____

Payment Received by Staff: _____ **Date:** _____

NOW IS AN EXCITING TIME TO BECOME A MEMBER!

Were you aware that we are a membership organization and accept memberships from EVERYONE?

It's vital now more than ever to unite and be a voice for the human rights of people with intellectual/developmental disabilities. Interested in becoming a member? Join the movement see our top reasons to be a member:

1. Partnership with The Arc of Aurora.
2. Members-only access to the food bank at The Arc of Aurora.
3. Eligible to be considered for the Member Help Fund.
4. Eligible to be considered for Thanksgiving and Holiday Project support.
5. Receive our quarterly newsletter, **News You Can Use**, created only for our members.
6. Invitations to member only events such as dances and the concert in the park.
7. Opportunities meet other members to create lifelong relationships, friendships, and support systems.
***** Our Contributing Members are eligible for all of the above, PLUS all of the below! *****
8. 15% discount card usable throughout the year at ANY arc Thrift Store.
9. Discount registration, as available, to attend training events.
10. Eligible to apply for annual scholarships (must meet criteria).
11. Entered into quarterly raffles to win prizes such as gift cards, event tickets, and more.

VOLUNTEER INFORMATION

- I want to volunteer 2 hours to be a Contributing Member to "pay" for my membership.
 I want to simply volunteer.

Most volunteer projects are offered Monday-Friday between 8:00AM and 4:00PM. To "pay" for your Contributing Membership, you will have up to **2 months** to complete your volunteer tasks. **Please complete the below information only if you can volunteer.** A staff member will follow-up with details.

1. How much notice do you need to volunteer (i.e. 24 hours, 1 day, 1 week, etc.)?

2. What days & times are best for you to volunteer 2 hours?

3. **Circle one:** To volunteer I need and will provide my own support **OR** I can volunteer independently.

4. I or a support will arrange transportation for me to get to/from the volunteer location Yes

5. Can you read? (**circle one**) Yes Just a little bit No

6. Volunteer choices (**Please check at least two**)

- Food bank – sorting and checking expiration dates
 Landscape maintenance – raking, weeding, gardening, sweeping, etc.
 Deep cleaning and organization – wash windows, clean refrigerator, organize Arc materials, etc.
 Mailings or shredding – folding, stapling, labeling, writing cards, shredding, etc.
 Phone calls to community resources to confirm the help they provide the public.
 Media – picture(s) for Arc marketing, tell story on Facebook, media/news, etc. (when available).
 Nothing interest you? Tell us how you would like to help and we will see if we can make it work!

In case of emergency while you are volunteering

Emergency Contact Name: _____ Phone number: _____