

Arc West Central Membership Application

All memberships expire December 31st

_____ Date

Type of Membership (check one) _____ Individual (\$30) _____ Family (\$50) _____ Organization (\$150)
_____ Student or Self – Advocate (person with a developmental disability) (\$15)

_____ Renewing Member _____ New Member _____ Donation

Name _____
Last First

Name of Second Adult (if family membership) _____
Last First

Business (if applicable) _____

Address _____
Street Apt/Suite

City State Zip Code Email

Telephone Number _____
Home Business Cell

Relationship to Person with Disability (check all that apply):

- Parent Guardian Foster Parent Sibling Grandparent Other
 Relative Friend Coworker Professional Other _____

Full Name of Person with Disability (if applicable) _____
Last First

Age of Person with Disability (if applicable) Infant (0 - 23mo) Toddler (0 – 24 mo.)
 Teenager (13 - 17) Child (5 - 12) Adult (18 - 54) Senior (55+)

Type of Disability _____

Comments _____

Interested in email Action Alert

Please include a check or money order payable to Arc West Central for the amount specified beside the type of membership you have chosen.



Please fill out and mail application to:

Arc West Central
810 4th Ave. South, Suite 134
Moorhead, MN 56560