| The Arc of Calhoun and Cleburne Counties  Membership Application | | |
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| Applicant Information | | |
| Name: | | |
| Title: Mr. Mrs. Ms. | Cell: | Other phone: |
| Address: | | |
| City, State ZIP: | | |
| Email: | | |
| SPOUSE INFORMATION (IF fAMILY mEMBERSHIP) | | |
| Name: | | |
| Address (if different from above) | | |
| City, State, ZIP | | |
| Email: | | |
| **RELATIONSHIP TO The Arc (please circle)** | | |
| Self-Advocate Parent or relative of self-advocate | | |
| Professional in the Field of ID/DD Interested Citizen | | |
| **DEMOGRAPHIC INFORMATION (please circle**) | | |
| Age Range: under 50 over 50 Choose not to provide | | |
| Ethnicity: Hispanic or Latino White African American Native Hawaiian or Other Pacific Islander Asian  American Indian 2 or more races Choose not to provide | | |
| **Member Signature:** | | |
| **For The Arc of Calhoun and Cleburne County use** | | |
| Type of Membership: Family Individual Student Complimentary Honorary | | |
| Amount paid: | | |
| Membership begins: | | |
| Expiration date: | | |