| The Arc of Calhoun and Cleburne CountiesMembership 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: |