



2012 Membership Form

Yes! I want to join The Arc of Virginia and help strengthen the “A Life Like Yours” movement for people with intellectual and developmental disabilities and their families!

Name:	Date:
Phone (Home):	E-mail:
Phone (Cell):	Address:
Phone (Work):	

Please select membership type:

Individual Membership	\$25/year
Family Membership	\$45/year
Self-Advocate Membership (person with I/DD)	\$5/year
Associate Membership (business or organization)	\$250/year

If you are joining The Arc as a family, please provide names and contact information for additional family members below:

Name	Address	Phone	Email

Please make checks payable to The Arc of Virginia and mail to:

The Arc of Virginia
 2025 E Main St, Suite 107
 Richmond, VA 23223
 Attn: Membership

Thank you for your support of “A Life Like Yours!”