



2011 Associate Membership Form

My organization would like to join The Arc of Virginia as an advocacy partner and contribute:

- | | |
|--|---|
| <input type="radio"/> \$5000 "Arc Angel" | <input type="radio"/> \$1500 Supporter |
| <input type="radio"/> \$2500 Partner | <input type="radio"/> \$1000 Benefactor |
| <input type="radio"/> \$2000 Sponsor | <input type="radio"/> \$500 Patron |
| | <input type="radio"/> \$_____ other |

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

Organization:	
Contact Name:	Title:
Phone:	Address:
Email:	
Fax:	Date:

My organization is most interested in: *(please check all that apply)*

- | | |
|--|---|
| <input type="radio"/> Advocacy and Support | <input type="radio"/> Environmental Modifications |
| <input type="radio"/> Information for Families | <input type="radio"/> Assistive Technology |
| <input type="radio"/> Case Management | <input type="radio"/> Intellectual Disability (ID) Waiver |
| <input type="radio"/> Self-Advocacy | <input type="radio"/> Individual and Family Developmental Disabilities Support (IFDDS) Waiver |
| <input type="radio"/> Residential Services | <input type="radio"/> Elderly or Disabled with Consumer Direction (EDCD) Waiver |
| <input type="radio"/> Special Education | <input type="radio"/> Technology Assisted (Tech) Waiver |
| <input type="radio"/> Employment Services | <input type="radio"/> Other _____ |
| <input type="radio"/> Day Support Services | |
| <input type="radio"/> In-Home Services | |
| <input type="radio"/> Respite Services | |

Thank you for your support of ***"A Life Like Yours!"***