



Membership APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Membership Type Single \$20 Family \$30

Are you and/or your family a:

Self Advocate Parent/Relative Student

Interested Citizen Corporate Sponsor

Professional in Developmental Disabilities Field

Are you or a family member currently receiving services from The Arc/Morris? Yes No

In an effort to know and serve our members better, please complete this questionnaire. All answers are kept confidential.

Applicant's Profession _____

Company _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

Does your company offer a Matching Gifts Program?

Yes No

Please address all correspondence to my:

Home Office

I/we belong to the following club/service organization(s):

Kiwanis Lions Elks Rotary Masons

Knights of Columbus Other

Are you interested in volunteering? Yes No

Thank you! Your membership makes the difference. As a member of The Arc/Morris, you will also receive the state and national newsletters. You are also eligible to become a member of The Arc NJ Family Advocacy Program. Please send this application along with your check to:

Membership

The Arc/Morris • Post Office Box 123 • Morris Plains, NJ 07950-0123