

## The Mon-Arc of Monroe – Membership Form

6021 Parkside Drive

Monroe, MI. 48161

734-241-5881

### MEMBER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please include your email address to receive our E-newsletter. We do not share any information with others.*

#### ***Please check all that apply***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Parent/Guardian        | <input type="checkbox"/> I/DD Challenged Person | <input type="checkbox"/> Sibling/Family  |
| <input type="checkbox"/> Education              | <input type="checkbox"/> Friend                 | <input type="checkbox"/> Business Member |
| <input type="checkbox"/> Arc Staff/Board Member | <input type="checkbox"/> Other                  |  |

### MEMBERSHIP TYPE

☐ Renewal Membership   ☐ New Membership   ☐ Gift Membership (See Below)

<input type="checkbox"/> I/DD Challenged . . . . .	\$10.00	
<input type="checkbox"/> Individual/Family Membership . . . . .	\$25.00	
<input type="checkbox"/> Silver Membership . . . . .	\$50.00	
<input type="checkbox"/> Gold Membership . . . . .	\$100.00	
<input type="checkbox"/> Patron . . . . .	\$200.00	<b>Grand Total:</b>
<input type="checkbox"/> Additional Contribution to Mon-Arc . .	\$ _____	\$ _____

#### ***Please check the boxes you might be interested in***

<b>COMMITTEES:</b>	<input type="checkbox"/> Social Media	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Fundraising
	<input type="checkbox"/> Membership	<input type="checkbox"/> New Programs	<input type="checkbox"/> Social Recreation

**OTHER OPPORTUNITIES TO VOLUNTEER:** Time Commitment is at your discretion.

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Dance Volunteer | <input type="checkbox"/> Join the board | <input type="checkbox"/> Tech support |
| <input type="checkbox"/> Craft Volunteer | <input type="checkbox"/> Provide snacks | <input type="checkbox"/>              |

**Suggestions, Comments, or ideas for the organization:**

#### ***Gift Membership Information:***

Gift Donors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Gift Donor address: \_\_\_\_\_

Gift Donor email address: \_\_\_\_\_

**Office Use:** Date rec. \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Ck.# \_\_\_\_\_ Initials: \_\_\_\_\_