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The Arc of Iroquois County

700 East Elm Street

Watseka, IL 60970-1400

MEMBERSHIP APPLICATION

Enclosed is my/our remittance for The Arc of Iroquois County Membership dues in the amount of \$15.00 US. Membership is considered as family (Mr. & Mrs.) unless otherwise specified.

- Mr.
- Ms.
- Mr. & Mrs.

Name _____

Address _____

City, State, Zip _____

Telephone Number (Optional) _____

Email Address (Optional) _____

PLEASE COMPLETE ALL THAT APPLY:

Your Age Group:

Your relationship to disabled person (if applicable)

- 1-24
 - 25-34
 - 35-44
 - 45-54
 - 55-65
 - 66+
- Parent of _____
 - Guardian of _____
 - Relative of _____
 - Relationship _____
(sister, brother, aunt, uncle, friend, other)
 - Age of disabled person _____
 - Employee of The Arc

PLEASE INDICATE YOUR CHOICE:

- Mail from The Arc of Iroquois County, State, and National
- Mail from The Arc of Iroquois County only