



The Arc of Fort Bend County ensures opportunities for people with intellectual and developmental disabilities to maximize their quality of life within our community.

**Membership Form**      **Date:** \_\_\_\_\_

Please indicate       New Member       Renewing Member

Member Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

I am a:

- Family Member       Person with Disability
- Interested Citizen       Professional who works in the Disability Field

Indicate the age of person with a disability:     0-12     13-22     23-54     55+

**Optional:**

* Solely to help us know if we are serving our entire community, please check below:		
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Black/ African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

**Preference for Volunteer Opportunities:**

- Committee Member     Fund Raising     Office Support     Special Olympics & Bowling

**Membership Levels:**

Individual with Disability Membership	\$10.00
Individual Membership	\$25.00
Family Membership    2 <sup>nd</sup> Member Name _____	\$40.00
Corporate Membership	\$100.00
Additional Tax Deductible Donation	\$ _____
If you wish, you may donate to a specific program:	
<input type="checkbox"/> Bowling <input type="checkbox"/> Education/Employment <input type="checkbox"/> Self-Advocacy	
<input type="checkbox"/> Social Recreation <input type="checkbox"/> Special Olympics <input type="checkbox"/> Transportation	
Total Amount Enclosed	\$ _____

Mail form and payment to:  
The Arc of Fort Bend County  
123 Brooks Street  
Sugar Land, Texas 77478

OR    Join Online at [www.arcoffortbend.org](http://www.arcoffortbend.org).