

**MEMBERSHIP APPLICATION**

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

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

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

Phone: \_\_\_\_\_

**Membership Type:** Single \$20 \_\_\_\_ Family \$30 \_\_\_\_

Are you and/or your family a:

\_\_\_\_ Self Advocate      \_\_\_\_ Parent/Relative

\_\_\_\_ Interested Citizen      \_\_\_\_ Corporate Sponsor

\_\_\_\_ Professional/Developmental Disabilities Field

Are you/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.**

Applicants Profession: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

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: \_\_\_\_\_

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  
PO Box 123  
Morris Plains, NJ 07950-0123