



815 Cedar Bridge Avenue  
Lakewood, NJ 08701  
T (732) 363-3335  
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www.arcocean.org

# Membership Application | FY 2019

July 1, 2018 to June 30, 2019

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

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

\_\_\_\_\_

City State Zip Code

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

Home Work Cell

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

*By sharing your email address, we will sign you up for our monthly e-newsletter.*

Do you/family member currently receive services from The Arc, Ocean County Chapter?

Yes  No Name: \_\_\_\_\_

**Membership Type**  Annual \$25.00  Additional Contribution of \$ \_\_\_\_\_

*Please make checks payable to **The Arc, Ocean County Chapter** and return to:  
815 Cedar Bridge Avenue, Attn: Membership, Lakewood, NJ 08701.*

**Are you and/or family a:**

Self Advocate  Parent/Relative  Sibling  
 Professional in Developmental Disabilities field  Interested Citizen

**Are you interested in volunteering?**  Yes  No

**RSVP to the Membership Board Meeting on 6/28?**  Yes  No

***Thank You for supporting The Arc through Membership!***

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Visit us online at [www.arcocean.org](http://www.arcocean.org)

***Achieve with us.***