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Achieve with us.

ANNUAL MEMBERSHIP– FY 2017
July 1, 2016 to June 30, 2017

Name: _____

Address: _____

Phone: _____
Home Work Cell

Email: _____

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

☐ Yes ☐ No

If 'Yes', please indicate the following: Name of Individual: _____

Name of Program: _____

Membership Fee: ☐ Annual \$25.00 ☐ Additional Contribution of \$_____

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

Are you a:

☐ Self Advocate ☐ Parent/Relative ☐ Sibling

☐ Professional in Developmental Disabilities field ☐ Interested Citizen

Are you interested in volunteering? ☐ Yes ☐ No

Thank You for supporting The Arc through Membership!

