



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: _____ HCS Provider: _____

I am a:

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

DOB of individual (s) with a disability: __/__/____, __/__/____

Membership Levels:

Individual with Disability \$20.00
reserved for those not living at home and not included in a family membership
receives one vote at meetings of the membership

Single \$35.00
receives one vote at meetings of the membership

Single Lifetime \$500.00
receives one vote at meetings of the membership

Family \$50.00
***Names of all family members:** _____
includes all immediate members of the family living in the home
includes a family member with a disability living outside of the home
receives two votes at meetings of the membership

Corporate \$100.00
receives one vote at meetings of the membership

Corporate Lifetime \$2000.00
receives once vote at meetings of the membership

VIP
given yearly to chairs of "Best in the West" and *Golf Classic*
given yearly to Head Coaches of Special Olympic Sports

Additional Tax Deductible Donation: \$ _____

If you wish, you may donate to a specific program:

- Bowling Education Employment
- Self-Advocacy Social Recreation Special Olympics

Total Amount Enclosed: \$ _____

Mail form and payment to: OR Join online at www.arcoffortbend.org
The Arc of Fort Bend County
123 Brooks Street
Sugar Land, Texas 77478