

**Primary Member**

Please indicate:  Board/Committee Member

Other



**YOU Can Make a Difference!**

**Membership Means...**

- Greater Advocacy for The Arc of Chemung
- Your support helps to promote our Mission
- Receive current News & Events

**Join Today!**

*For people with intellectual and developmental disabilities*

Please add the following members at \$5.00 each (must be 18 or over):

**Primary Member's Name:** \_\_\_\_\_

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

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

Email (please provide): \_\_\_\_\_

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

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

Address (if different from primary member): \_\_\_\_\_

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

Email (please provide): \_\_\_\_\_

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

*Please add additional member information on back of form.*

I would also like to sponsor \_\_\_\_\_ # of memberships for people supported by The Arc of Chemung at \$2 each.

Cash  Check (# \_\_\_\_\_) Checks payable to The Arc of Chemung

Please charge my credit card:  Visa  Mastercard  Other

Name (as shown on card): \_\_\_\_\_

Card billing address (if different than above): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSV# \_\_\_\_\_

Signature: \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**Thank You!**

**Return To:**  
 The Arc of Chemung  
 711 Sullivan Street  
 Elmira, NY 14901

You can enroll online!  
**www.ArcOfChemung.org**

For Internal Use

NM  AN # \_\_\_\_\_ CM Date \_\_\_\_\_

Payroll: \_\_\_\_\_

\_\_\_\_\_  DB  IN



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