



Membership Application

I want to help support people with intellectual and developmental disabilities by becoming a member of The Arc of Northern Virginia!!

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

- \$5 Self-advocate \$25 Individual \$50 Family
 \$100 Non-profit organization \$ 250 Business / Corporate

My check payable to The Arc of Northern Virginia is enclosed

I prefer to use a credit card: VISA MasterCard American Express

_____ - _____ - _____ - _____ Expiration Date: _____

- Please send me information about volunteer and committee opportunities
 Please contact me about a Special Needs Trust
 Please contact me. I would like to designate The Arc in my will.

Your membership dues to The Arc of Northern Virginia are tax-deductible.
Tax ID #54-0675506

Mail Completed From To:
The Arc of Northern Virginia
2755 Hartland Road, Suite #200
Falls Church, VA 22043