



Enclosed is my membership in support of The Arc of Benton County

New Membership Renewal Membership

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____ E-Mail: _____

Donation to Louise Teater Membership Assistance Fund \$ _____

- | | | |
|--------------------------|----------------------|------------------------|
| _____ \$10 Self Advocate | _____ \$10 Arc Staff | _____ \$100 Patron |
| _____ \$10 Senior, 60+ | _____ \$20 Regular | _____ \$500 Benefactor |
| _____ \$10 Student | _____ \$35 Family | _____ \$1000 Sponsor |

Please contact me for Volunteer Opportunities at Special Events or to serve on a Committee.

The Arc of Benton County Committees:

- | | | | |
|-------------------------|-------------------|--------------------|-----------------|
| ___ Property Management | ___ Membership | ___ Social/Leisure | ___ Finance |
| ___ Bingo | ___ Public Policy | ___ Resale | ___ Development |

I/We have a family member who has developmental disabilities.

Name: _____ Relationship: _____

Birth date: _____ Residing at home? _____

If no, residing: _____

Please make checks payable to *The Arc of Benton County*
 Mail to: The Arc of Benton County
 414 NW Fourth Street
 Corvallis, OR 97330

An Affiliated Chapter of The Arc of Oregon and The Arc of the United States