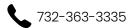
## FY2026 Membership Application



Your Contact Information:	
First Name	Last Name
Address	
City	State Zip Code
Phone	Email
	Acknowledgements will be emailed. Please print clearly.
Membersh	ip:
\$25 Annual Membership (July 1, 2025 - June 30, 2026)	
Additional Contribution of \$	
Do you or a family member currently receive services from The Arc?	
No [	Yes, Client Name and Arc Program
Please check all that apply:  Self Advocate Professional in the Field Interested Citizen	
Are you interested in volunteering?  No Yes	
Please join the Executive Leadership team and the Board of Directors for a Member Exclusive Panel Discussion on Thursday, June 26th from 6-7pm at The Arc's Main Office, 393 Mantoloking Road, Brick, NJ.	
Yes, I w	vill attend. Yes, I will attend with a guest. No, I am unavailable.
F	Please mail checks to: The Arc, Ocean County Chapter

www.arcocean.org





Attn: 2026 Member Drive

To make your membership donation online please visit www.arcocean.org or scan the QR code.