



815 Cedar Bridge Avenue  
Lakewood, NJ 08701  
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www.arcocean.org

# Membership Application | FY 2021

July 1, 2020 to June 30, 2021

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

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

City State Zip Code

Phone: Home Work Cell

Email: \_\_\_\_\_

By sharing your email address, we will sign you up for our monthly e-newsletter.

Do you/family member currently receive services from The Arc, Ocean County Chapter?

Yes  No Name: \_\_\_\_\_

Membership Type  Annual \$25.00  Additional Contribution of \$\_\_\_\_\_

Please make checks payable to **The Arc, Ocean County Chapter** and return to:  
**815 Cedar Bridge Avenue, Attn: Membership, Lakewood, NJ 08701.**

Are you and/or family member a:

Self Advocate  Parent/Relative  Sibling  
 Professional in Developmental Disabilities field  Interested Citizen

Are you interested in volunteering?  Yes  No

**Thank You for supporting The Arc through Membership!**

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Visit us online at [www.arcocean.org](http://www.arcocean.org)

***Achieve with us.***