



815 Cedar Bridge Avenue
Lakewood, NJ 08701
T (732) 363-3335
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www.arcocean.org

Membership Application | FY 2020

July 1, 2019 to June 30, 2020

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

RSVP to the Membership Board Meeting on 6/27? Yes No

Thank You for supporting The Arc through Membership!

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Visit us online at www.arcocean.org

Achieve with us.