Primary Member
Please indicate: ☐ Board/Committee Member   ☐ Other:_____

YOU Can Make a Difference!

Membership Means…

• **Greater Advocacy for The Arc Chemung-Schuyler**
• **Your support helps to promote our Mission**
• **Receive current News & Events**

Join Today!

The Arc
Chemung-Schuyler
New York

For people with intellectual and developmental disabilities

Please add the following members at $5.00 each (must be 18 or older):

Primary Member's Name:	**Name:**
_____	_____
Address:	Address (if different from primary member):
_____	_____
City / State / Zip: _____	City / State / Zip: _____
Email (please provide):	Email (please provide):
_____	_____
Phone: _____	Phone: _____

Please add additional member information on back of form.

☐ I would also like to sponsor ___ memberships for people supported by The Arc Chemung-Schuyler at $5 each.

☐ Cash   ☐ Check (#_____)   *Checks payable to The Arc*

☐ Please charge my credit card: ☐ Visa   ☐ Mastercard   ☐ Other

Name (as shown on card): _____
Card billing address (if different than above): _____
Card Number: _____ Expiration Date: _____ CSV# _____

Signature: _____

Total: $_____   **Thank You!**

Return To:
The Arc Chemung-Schuyler
711 Sullivan Street
Elmira, NY 14901

You can enroll online!
www.ArcOfCS.org/membership

Please add the following members at $5.00 each (must be 18 or older):

Name:
_____

Address (if different from primary member):
_____

City / State / Zip: _____

Email (please provide):
_____

Phone: _____

Name:
_____

Address (if different from primary member):
_____

City / State / Zip: _____

Email (please provide):
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Phone: _____

Name:
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Email (please provide):
_____

Phone: _____