

2025-2026

MEMBERSHIP FORM

VALID JULY 1, 2025 THROUGH JUNE 30, 2026



REGISTRATION INFORMATION

Member's Full Name _____

Registration Date _____

Select Type of Membership:

- Individual - \$25.00/year
- Family - \$50.00/year
- Business - \$50.00/year

PERSONAL INFORMATION

Full Name _____

Company Name _____

Mailing Address _____

City, State, Zip _____

Email _____

Phone _____

Date of Birth _____

Marital Status Single Married Widowed

Gender Male Female Other: _____

Are you and/or your family a:

- Self-Advocate
- Parent/Relative
- Student
- Interested Citizen
- Corporate Sponsor
- Professional in the Disabilities Field

Are you or a family member currently receiving services from The Arc of Warren County?

- Yes
- No

Are you involved in any of the following club/service organizations?

- Kiwanis
- Lions
- Elks
- Rotary
- Masons
- Knights of Columbus
- Other: _____

For **CASH** or **CHECK** payments, please fill out this form with your check payable to "25-26 Membership" and mail to:

The Arc of Warren County
PO Box 389, Washington, NJ 07882

To submit your membership form and payment **ONLINE** using our secure payment portal, visit:

www.arcwarren.org/join