

Please enroll me as a 2020 member of Schoharie Arc,  
Chapter of The Arc New York.

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

Additional individual members' names:

(must be at least 18 years of age)

\_\_\_\_\_

\_\_\_\_\_

Membership:

\_\_\_\_ Employee: \$3

\_\_\_\_ Family Member (same address) \$5

\_\_\_\_ Additional Family (same address) \$3

(List additional names above)

\_\_\_\_ Community Members

\_\_\_\_ Individual: \$5

\_\_\_\_ Additional Household Membership \$3

\_\_\_\_ 5-year Membership: \$15

\_\_\_\_ 10-year Membership: \$25 Su

\_\_\_\_ Supporting: \$100

\_\_\_\_ Sponsor: \$250

\_\_\_\_ Patron: \$500

\_\_\_\_ Lifetime: \$1,000

\_\_\_\_ Schoharie Arc program participants: \$1

Name of Schoharie Arc Program Participant(s):

\_\_\_\_\_

\_\_\_\_\_

Membership Given in Memory of:

\_\_\_\_\_

In Honor of:

\_\_\_\_\_

Please charge my \_\_\_\_ Visa \_\_\_\_ M/C \_\_\_\_ AmEx \_\_\_\_ Discover

Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

3-Digit Security Code (from back of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

(as it appears on credit card)

Signature: \_\_\_\_\_

Billing Address:

\_\_\_\_\_

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

Return to Schoharie Arc,  
P.O. Box 307, Schoharie NY 12157.

