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## Membership Form

Please complete this form and return it to The Arc of Bradford County.

### Membership Type

- Individual: \$25 |  Family: \$50 |  Business: \$100 |  Lifetime Membership: \$500  
 I would like to include an additional donation of \$ \_\_\_\_\_

*Individual, Family, and Business memberships are good for one year and must be renewed annually.*

### Contact Information

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

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

\_\_\_\_\_

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

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

Do you have a family member with IDD?  Yes |  No

*Make checks payable to: The Arc of Bradford County.*

### Mail to:

The Arc of Bradford County  
Attn: Membership  
1351 South Water St  
Starke, FL 32091