Advocacy and Resource Center
Membership Application

Membership is open to individuals who are at least 18 years of age and who either (1) live or work in Clinton County; or (2) receive services from Clinton County; or are a family member of an individual who is/has received services in Clinton County; or (3) you are an employee of Clinton Chapter of NYSARC, Inc.

Please complete all information and print clearly

Name_____

Address_____

_____

Signature_____ _____

Membership Levels (please mark which applies)

_____	Individual One-year	$2.00
_____	Individual Five-year	$8.00
_____	Individual Ten-year	$15.00
_____	Individual Lifetime	$100.00

Would you like to receive mailings and newsletters from our agency?

___ Yes ___ No

Are you a member of another NYSARC, Inc. Chapter?

___ Yes ___ No

If yes, please indicate whether you wish our chapter to be your primary for membership purposes, which will allow you to be counted as a member for the Clinton County Chapter versus another chapter.

___ Yes ___ No

*Donations are graciously accepted. Your membership fee and any donation is tax deductible. Please accept my donation of*_____.

Please complete the application, make checks payable to the Advocacy and Resource Center (ARC) and mail to 231 New York Road, Plattsburgh, New York 12903.