



Membership Application

Type of Membership (check one):

- Client (\$20) Individual (\$40) Family (\$50) Organization (\$175)

Name _____
Last First MI

Title _____

Name of Second Adult (if family membership) _____
Last First MI

Business (if applicable) _____

Address _____
Street Apt/Suite

City State Zip Code

Telephone Number _____
Home Business Cell

E-mail Address _____

Relationship To Person With Disability (check all that apply):

- Parent Guardian Foster Parent Sibling Grandparent Other Relative
 Friend Co-Worker Professional Other _____

Full Name of Person With Disability (if applicable)

Last First MI

Age of Person With Disability (if applicable)

- Infant (0-23mo) Toddler (2-4) Child (5-12) Teenager (13-17) Adult (18-35) Adult (35-54)
 Senior (55+)

Type of Disability _____

Comments _____

Please include a check or money order payable to Arc Northland for the amount specified beside the type of membership you have chosen.

Please fill out and mail application to:

Arc Northland
ATTN: Memberships
424 W. Superior St. #201
Duluth, MN 55802