



Together we CAN Turn up the volume again!

We are 3,934 members strong and **OUR VOICES WERE HEARD** by legislators in Albany.
But, we need to...**TURN UP THE VOLUME AGAIN!**

When we reach our **2014 Membership Goal of 5,000 members** we will increase our delegate representation at NYSARC, and greater membership will strengthen our voice even more!

GOOD NEWS! The membership fee is still \$1 for staff and their family members.
And...your total membership fee(s) may be one-time Payroll Deducted.

MEMBERSHIP MATTERS!

Please renew or become a member of The Arc, Oneida-Lewis Chapter today!

Thank You for advocating for the people we support through your membership in
The Arc, Oneida-Lewis Chapter, NYSARC!

2014 - STAFF Membership Enrollment Form (Please print neatly)

Full Name _____

Dept _____ Phone/Ext _____

Home Street/PO Box _____

City _____ ST _____ Zip Code _____

YES, please renew/enroll me as a member of The Arc, Oneida-Lewis Chapter, NYSARC!

See attached page 2 - I am enrolling _____ family members @ \$1 per person.

See attached page 2 - I am gifting additional _____ memberships for individuals and their family members we support at The Arc @ \$1 per person.

See attached page 2 - I am gifting _____ other additional memberships @ \$5 per person.

Total members (incl. self) _____ = \$ _____ Total Amt Due

Payment Options include cash, check (payable to The Arc), credit card or payroll deduction.

Credit Card - Visa/MC# _____ Exp _____

I authorize a ONE-TIME PAYROLL DEDUCTION of the Total Amount Due indicated above.

Signature required: _____ Date: _____

As per NYSARC By-Laws, staff who are members may not vote or participate in the election process.

Staff Name _____ Phone/Ext _____

Additional/Gift Memberships:

Calculate \$1 for each of your family members, \$1 for each individual we support and \$1 each for their family members. The fee for other/community members is \$5 per person. *Members must be at least 18 years old.*
Enter the correct number of members and total fees on page 1 of this enrollment form.

Thank You for supporting The Arc, Oneida-Lewis Chapter through these gift memberships!

Family Member Person Supported by The Arc/Person's Family Member Other (Community member)

Name _____

Address _____

City _____ ST _____ Zip Code _____

Phone(s) _____

Email (optional) _____

Family Member Person Supported by The Arc/Person's Family Member Other (Community member)

Name _____

Address _____

City _____ ST _____ Zip Code _____

Phone(s) _____

Email (optional) _____

Family Member Person Supported by The Arc/Person's Family Member Other (Community member)

Name _____

Address _____

City _____ ST _____ Zip Code _____

Phone(s) _____

Email (optional) _____

Family Member Person Supported by The Arc/Person's Family Member Other (Community member)

Name _____

Address _____

City _____ ST _____ Zip Code _____

Phone(s) _____

Email (optional) _____