

The Arc Community League

NYSARC, Inc.

2016 MEMBERSHIP FORM

Yes! I would like to become a member of the Community League and make a difference!

Individual Member: \$15 annual membership

Individual Member's Name: _____

Full Address: _____

Phone: (_____) _____

Email: _____

\$5 annual membership for **EACH** additional household member

Number of additional household members: _____

Print below those additional members' names in household @ \$5 each:

Consumer: \$1 annual membership (Name of consumer): _____

Individual Lifetime: \$500 annual membership

In addition to my membership, I wish to make an additional contribution of \$_____

Is your employer a member of a Gift Matching Program? _____

Specify (employer name & address):

Enclosed is my check for \$_____

Community League is a 501(c)3 non-profit organization, donations are tax deductible.

Print additional membership forms from our website www.communityleagueny.org

When mailing your dues, please include this membership form.

Make check or money order payable to COMMUNITY LEAGUE.

Mail to membership chairperson at the address below

**Ms. Christine Dorosh
c/o Community League
1 South Street
Beacon, NY 12508**