

ARC Services of Macomb, Inc. – Membership Application

MR/MRS/MS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____

ALTERNATE PHONE _____

EMAIL _____

PLEASE CHECK THE APPROPRIATE TYPE OF MEMBERSHIP:

_____ \$50 INDIVIDUAL OR FAMILY _____ \$15 ASSOCIATE (You must have a primary membership in another ARC local unit.)

_____ \$10 CONSUMER _____ \$35 BUSINESS or BENEFACTOR

PLEASE MAKE CHECKS OUT TO: ARC Services of Macomb, Inc. MAIL TO: 44050 Gratiot Avenue – Clinton Township MI 48036-1308. We are now able to accept American Express, Discover, VISA or MasterCard charges for your membership and donations. Please provide us with:

Type of Card: _____ Card #: _____

Exp. Date: _____ Name of Cardholder: _____
