

## Hanover Arc Membership Application

**MEMBERS WANTED!**

### Hanover Arc MEMBERSHIP APPLICATION

**NAME** \_\_\_\_\_ **TEL.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

AGE GROUP: \_\_1-24 \_\_25-34 \_\_35-44 \_\_45-54 \_\_55-65 \_\_66+

I AM: \_\_self-advocate \_\_professional in mental retardation field \_\_interested citizen

\_\_parent/relative of a person with special needs &/or mental retardation

If parent, age of your son/daughter: \_\_1-21 \_\_22-35 \_\_36-50 \_\_51+

CHECK THE FOLLOWING \_\_MEMBERSHIP DUES OF \$15.00 ENCLOSED

\_\_DONATION TO Hanover Arc FOR \$\_\_\_\_\_ENCLOSED

**SEND TO: Hanover Arc, PO BOX 91 ASHLAND, VA 23005**  
**CONTRIBUTIONS ARE TAX-DEDUCTIBLE - THANK YOU!**  
**Tel. 804 – 798-2400 Email: [HanoverArc@aol.com](mailto:HanoverArc@aol.com)**