



ARC Del Paso Membership Application Form Contact Information

\$25.00 per family for a 2 year membership.

PRINT CLEARLY

Adult Names		
Under 18 Yrs Names		
Under 18 Yrs Names		
Under 18 Yrs Names		Today's Date
Address		City/State/Zip
Home Phone		Cell Phone
E-Mail Address		Amount Pd

Please check all that apply: my family contains a

- Person with a disability
- Family member of a person with a disability
- Professional who works with those with disabilities
- Other _____
- We are first time members
- We want to renew our membership

Send this application (check made out to ARC Del Paso) with payment to:

ARC Del Paso
P.O. Box 221543
El Paso, TX 79913
Thank you for your support