



The Arc of Bismarck Membership Form

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-mail** _____

Membership Levels

_____ \$10.00 Self-Advocate Membership

_____ \$100.00 Patron Membership

_____ \$25.00 Individual Membership

_____ \$500.00 Arc Builder Membership

_____ \$50.00 Family Membership

Thank you for your membership at The Arc of Bismarck. Your tax deductible contribution will allow The Arc to continue with its mission of providing education, advocacy and support to children and adults with disabilities to foster empowerment and full inclusion in the community. Your support pledges your commitment towards building a united community where everyone belongs.

**Please make check payable to The Arc of Bismarck and
mail to 921 S 9th St Ste 108 Bismarck, ND 58504.**