



Annual Membership

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Enclosed is my check for \$15 for my individual membership.

I am a new member

I am renewing my membership

I am including a donation in addition to my membership in the amount of \$_____.

Today's date: ____/____/____

IMPORTANT NOTE: In order to vote in the annual election of officers, membership must be paid at least 40 days prior to the Annual Meeting which is held annually on the third Monday in May.

Please print this form and include it with your check and mail (or deliver) to:

The Arc of Anchorage
2211 Arca Drive
Anchorage, Alaska 99508

If you have any questions, please contact Anne Garrett or Asiasiga Tagaloa in our Development Office at 907-277-6677