

Advocacy - Resources - Community
Serving Citizens with Developmental Disabilities and their Families

ARC Rutland Area 2025 Membership

ID/DD Member contact information:

Name:	Date:			
Address:				
	, Zip	_ □ check if Mendon		
Email address:		□ check if Rutland Town		
ARC Services: che	ck all that you use or are inte	rested in:		
Dances	Self-Advocacy Meetings	Legislative Information		
Aktion Club	Self-Advocacy Meetings Advocacy/Resources	Great Outdoor Adventure		
Transportation	Community Service/Fundraise	rsRepresentative Payee		
Annual Membersh	nip Options:			
	rved; \$25 Family Served \$ need financial assistance or a paym			
	w is needed for ARC funders:			
-	bility/ies:			
•				
		ing With Family		
_	r photo at events/publications/ onli	-		
3) Race: 4.) Sex/Gender: 5.) Type of housing Own Apartme	entAssisted LivingShared Liv			

Family relationship information	n	
Name:	Date:	
Relationship		(sibling, parent, grandparent, etc.)
Address:		
City, State	, Zip	check if Mendon
Email address:		□check if Rutland Town
Telephone Number:		
Shared-Home Provider Relatio	-	
Name:		
Relationship		(if any or none)
Address:		<u></u>
City, State	, Zip	check if Mendon
Email address:		
Telephone Number:		
Length of time living with you	(years/	months)
Daily or Day Care Provider Rel Name: Relationship	Date:	
Address:		
City, State		
Email address:	_	
Telephone Number:		
Length of time (months/years) w		
	- 1011 y 0 01 <u></u>	
Other / Organizational Relation	_	
Name:		
Relationship		
Address:		_
City, State		
Email address:		
Telephone Number:		
Length of time known to you	(years/r	nonths)