



215 W. White Horse Pike
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Margaret M. Englebert
Executive Director

Membership Application

The Arc is volunteers, parents, self-advocates, professionals, and other people who care. You should care about joining The Arc because:

- *Your voice will be heard.*
- *By being involved you can help others.*
- *More people mean more power.*
- *You can be a part of making things happen & making things change.*

As a member of The Arc of Camden County, you automatically become a member of the Arc of New Jersey and Arc of United States. When you join our local chapter, we pay a small portion of your dues to the State and National Chapters. Dues paid to the State Chapter help provide legislative services through lobbying for funding people with developmental disabilities, providing advocacy services, supported employment, and educating the general public about people with developmental disabilities.

Over the years, The Arc of Camden County has made great strides toward improving the lives and opportunities of people with developmental and other disabilities. These accomplishments were due in great part to our members. We strongly feel that it would be in your best interest to be a member.

Please complete the attached membership form and return it with your check for \$25 made payable to The Arc of Camden County. The current political and economic trends in Washington and the State of New Jersey have caused concern for the welfare of people with disabilities in our communities. Through your membership, you will help us fight to continue to enable those with developmental and other disabilities to participate fully in their communities.

WE NEED YOUR SUPPORT

Thank you!

Peggy Englebert
Executive Director



Membership Form

Yes! I would like to become a member of The Arc of Camden County.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Classification of member (for informational purposes only):

I am a Self Advocate Age _____

Parent/Sibling/Other Relative of person with a developmental disability

Age of individual _____ Program individual attends _____

Interested Citizen

Professional in the field of developmental disabilities

Membership Dues: \$25

Additional Contribution: \$ _____

Total Amount: \$ _____

Make checks payable to:

*The Arc of Camden County
215 W. White Horse Pike
Berlin, NJ 08009*

Thank you for your support!