

# NE Mississippi Chapter/ Membership Application



Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

How many in your Family? (please use the back to list fam members & age's)

Can you give insight on the disability \_\_\_\_\_

Email \_\_\_\_\_

Comments: \_\_\_\_\_

*pictures are often taken. Do we have your permission?* \_\_\_\_\_

**Family membership \$25.00      Organization 50.00.      Sponsor 200.00**

\_\_\_\_\_ name \_\_\_\_\_ name \_\_\_\_\_

*Mail you tax deductible check to The Arc of Mississippi  
231 Rankin Blvd, Tupelo MS. 38804*

*Pay membership or DONATE online at: [arcnems.org](http://arcnems.org)*

*Paypal @ <https://paypal.me/arcnems>*

## **Membership to the Arc Offers.....**

*Disability Mega Conference*

*Training and Information*

*Annual Disability Awareness Picnic*

*Information and Referral*

*Art for Autism*

*Community Outings*

*Will you be attending the conference?* \_\_\_\_\_

***The Arc promotes and protects the human rights of people with  
intellectual and developmental disabilities***