



# Achieve with us.

*"For people with intellectual, developmental and other life-affecting disabilities."*

## Yes! I Want To Make A Difference...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I have included my membership dues in the amount of \$25.00. \_\_\_\_\_

Please circle your preferred payment option:

Check

Credit Card:            Visa            or            Mastercard

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above):

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\_\_\_\_\_  
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**Membership includes affiliation with Arc/CT and Arc/US.**

**Send this form with payment or check payable to:**

**The Arc of Quinebaug Valley, Inc.  
687 Cook Hill Road  
Danielson, CT 06239**