



*For people with intellectual
and developmental disabilities*

Name _____

Address _____

Phone _____ Email _____

(Choose your level of membership)

_____\$25.00 Self-Advocate (Person with I/DD)

_____\$35.00 Individual

_____\$50.00 Family

_____\$75.00 Supporting

_____\$100.00 Organization

_____\$250.00 Donor

Circle one: NEW MEMBERSHIP or RENEWED MEMBERSHIP



Send check or money order to:

The Arc of North Central Iowa

P.O. Box 168

Mason City, Iowa 50402