

# ACA MEMBERSHIP APPLICATION/CONTRIBUTION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE \_\_\_\_\_

ZIP PHONE \_\_\_\_\_

By means of your membership dues and charitable contributions, you demonstrate your support for ACA's advocacy on behalf of and in partnership with persons with disabilities and their families.

Membership is not required to receive advocacy services from ACA.

**This is a:**

- New Membership
- A Renewal Membership

**Please check the appropriate boxes below:**

- Corporate \$1000
- Patron \$500
- Contributor \$100
- Individual/Family \$25
- Senior \$15
- Associate \$15
- Additional Tax Deductible Gift
- \$25..  \$50..  \$100..  \$\_\_\_

**Total Enclosed** \_\_\_\_\_

**THANK YOU!**

Please print and fill in this form and send it with your check payable to the **Washtenaw Association for Community Advocacy** to the following address:

**ACA  
1100 North Main, Suite 205  
Ann Arbor, MI 48104**