ACA Membership Application/Renewal/Contribution Form

Check One: [ ] New Membership  [ ] Renewal Membership

NAME: ___________________________________________ EMAIL: ____________________________
ADDRESS: ______________________________________ PHONE: ____________________________
CITY: ___________________________ STATE: ________ ZIP: _____________

Check here for changes or corrections to your name or address

Please check appropriate boxes below:
☐ Corporate $1000  ☐ Check or Money Order (payable to Washtenaw ACA)
☐ Patron $500  ☐ Visa  ☐ Mastercard
☐ Contributor $100  (Please note: We accept only Visa and Mastercard)
☐ Individual/Family $25  ☐ Exp. Date: ____________________________
☐ Senior $15  ☐ Associate $15
☐ My additional tax-deductible gift: $25  ☐ $50  ☐ $100  Other $______

☐ Address (if different from above): __________________________________________________________

Total $______

Please indicate payment method below:

Signature: ____________________________________________

Please mail to: ACA
1100 North Main, Suite 205
Ann Arbor, MI 48104

Thank you for supporting our mission and work!

Your membership and charitable contributions 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.

FOR OFFICE USE ONLY: TY_______ARC_______DB_______COMP_______

[100x738]ACA Membership Application/Renewal/Contribution Form

[47x725]Check One:  New Membership  Renewal Membership

[47x712]Check here for changes or corrections to your name or address

[47x698]NAME: ___________________________________________ EMAIL: ____________________________

[47x684]ADDRESS: ______________________________________ PHONE: ____________________________

[406x669]CITY: ___________________________ STATE: ________ ZIP: _____________

[46x655]Please check appropriate boxes below:

[46x641]Corporate $1000  ☐ Check or Money Order (payable to Washtenaw ACA)

[46x627]Patron $500  ☐ Visa  ☐ Mastercard

[46x613]Contributor $100  (Please note: We accept only Visa and Mastercard)

[46x599]Individual/Family $25  ☐ Exp. Date: ____________________________

[46x585]Senior $15  ☐ Associate $15

[46x571]My additional tax-deductible gift: $25  ☐ $50  ☐ $100  Other $______

[466x556]Please indicate payment method below:

[466x542]☐ Address (if different from above): __________________________________________________________

[427x532]Total $______

[427x520]Please mail to: ACA
1100 North Main, Suite 205
Ann Arbor, MI 48104

Thank you for supporting our mission and work!

Your membership and charitable contributions 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.

FOR OFFICE USE ONLY: TY_______ARC_______DB_______COMP_______