

AHRC New York City Membership Application

AHRC New York City membership includes membership in **NYSARC, Inc**

Yes, I want to join AHRC and become a:
 \$10 Annual Member **\$25 3-yr Annual Special** **\$200 Lifetime Member**

Yes, in addition to my annual membership, I also want to become a
(*See the benefits description form)
 \$15 Bronze Supporter **\$40 Silver Supporter** **\$90 Gold Supporter**
 \$60 for Lifetime Members

Yes, I want to make a fully tax-deductible contribution of:
\$_____ to the AHRC New York City Foundation

Method of payment: **Check** (*please make check payable to AHRC New York City*)
 Credit Card account#: _____
 AMEX **VISA** **MasterCard** **Expiration date:** _____

Name (please print): _____ **Signature:** _____

Address: _____

City/State: _____ **Zip:** _____

Phone #: () _____ **e-mail:** _____

Please check if you are:

Parent/Guardian Sibling Friend Professional
 Other (specify): _____

Let us know if you heard about us through an AHRC program:

Adult Day Services Camping Clinic Education Homecare
 Legal Services Recreation Residential Services Other _____

If you have a loved one who attends an AHRC program, please give us the following information:

Name of loved one: _____

Date of Birth: _____

Name of Program loved one attends: _____

Relationship to you: _____

* Please mail payment to: AHRC New York City 83 Maiden Lane New York, NY 10038*

*Your Membership Card will be sent to you within a few weeks. Thank you for joining our "extended family"!