



MEMBERSHIP MATTERS!

We have done so much - together, we can do even more.

Together, we are stronger advocates for a more just and equitable world for people with intellectual and developmental disabilities (I/DD) and their families. Become a member of AHRC NYC today and add your voice to those who share in your commitment to people with I/DD.

Joining is easy - complete this form electronically and email it to AHRC NYC's Membership Team - membership@ahrcnyc.org. You can also print and mail it using the address below or join online by visiting AHRCnyc.org and clicking on "Get Involved." **If you are already a member pass this along and invite your family and friends to join!**

MEMBERSHIP LEVELS Check the box for the membership level you wish to subscribe to.

YES! I WANT TO BE AN ANNUAL MEMBER
\$10.00 Annually

- Voting Rights (applies to non staff members, 18 & over)
- Invitations to AHRC NYC events
- AHRC NYC publications

YES! I WANT TO BE A THREE YEAR MEMBER
\$25.00 Every Three Years

- All of the benefits of Annual Membership **PLUS**
- AMC Movie Ticket Discount (\$11.00 ea., sold in pairs)
- Plum Benefit discounts for travel, sports, entertainment, car rentals, groceries, and more

YES! MY FAMILY AND I WOULD LIKE TO BE MEMBERS
\$50.00 Every Three Years Checking the box implies you have the explicit consent of your family members that reside with you who are 18 and over to join.

- All of the benefits of a Three Year Membership **PLUS**
- Dell discounts on computers and electronics

Please list your family members' information below.

Full name _____

Full name _____

Full name _____

Full name _____

Full name _____

YES! I WANT TO BE A LIFETIME MEMBER
\$200.00 One Time Payment for TWO MEMBERS Checking the box implies you have the explicit consent of your family member that resides with you who is 18 and over to join.

- All of the benefits of a Three Year Membership **PLUS**
- Membership in "The Buyer's Edge" program, a consumer discount buying service

Please list your family member's information below:

Email _____

Email _____

Email _____

Email _____

Email _____

PAYMENT INFORMATION

Full name as it appears on card _____ Phone _____

Email _____ Street address: _____

City _____ State _____ Zip _____

Enclosed is my check for \$ _____ payable to AHRC New York City OR please charge my credit card:

Visa MasterCard Amex Discover Card number _____ Expiration _____ CVV _____

AHRC NYC - Membership Team • 83 Maiden Lane New York, NY 10038 • 212-780-2748



Raymond Ferrigno, Board President
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