	MEMBERSHIP APPLICATION
The Arc Mid-Michigan	 Self-Advocate Membership - \$18.00 per year Individual Membership - \$25.00 per year Family Membership* - \$35.00 per year Business Membership - \$75.00 per year Lifetime Membership - \$750.00
PO Box 63 Owosso, MI 48867	□ New Membership □ Renewal Membership
1325 S. Washington Ave Lansing, MI 48910	Use this form to pay with check or money order made out to The Arc of Mid-Michigan and return to the office.
(989)-723-7377 www.arcmidmichigan.org	
Name	
Address	the state of the second st
City State	e Zip C <mark>ode</mark>
Phone E-Mail	
Date of Birth	
With a membership at The Arc of Mid-Michig for The Arc. Membership benefits include:	an you receive great benefits and support programs
 Free or reduced rates on programs, ac Scholarship funds for members, when Bi-monthly newsletters with highlight Weekly emails with highlights, resource 	available, toward programs
	l Arc, providing the latest information impacting

- individuals with developmental disabilities.
 Birthday Club perks
- Voting privileges for electing board members and other business

Becoming a member at The Arc of Mid-Michigan adds to our community, helping us to spread the word, support and strengthen those with developmental disabilities!

*Family Membership includes parents and children under the age of 18/

Office Use Only		
Date Paid:	Check #:	Mailed to Arc MI:
In Computer:	Amount Paid:	Mailed to Arc US:



Email: rebekah@arcmidmichigan.org Website: <u>www.arcmidmichigan.org</u> Phone: (989)723-7377

Achieve with us.

Informed Consent Form

I, ________hereby give my consent to the use of my name, likeness, story, photographs, filming, or video footage by *The Arc of Mid-Michigan*. I do understand that my story, photograph and/or video footage may be used for promotional materials, including (but not limited to) *The Arc's* publications, website and the news media.

The name I choose to have used by The Arc of Mid-Michigan in social posts is:

(Member's Name)

I hereby waive any and all claims that I might otherwise have for invasion of privacy as well as any and all claims for payments or royalties in connection with the usage of my story, photograph/video footage and I agree that my consent excludes me of any ownership whatsoever. I also give my consent to use my story, image and likeness in any video and photography footage (e.g. advertisements, documentary footage, commercials, and etc.) as well as in future exhibition functions, and for the release of photographs or videos of myself.

I hereby hold harmless *The Arc of Mid-Michigan*, their employees, and any agents from any and all claims, liabilities, suits, costs, charges, expenses, and/or damages and fees arising from the aforementioned consent.

Consent involves the act of will, based upon legal rights of the consenter, which requires the individual to be 18 years of age or older. If filming video footage or photographic footage of persons under the age of 18 years old a parent and/or guardian must agree with the above statement and sign below.

Please check the applicable box below:

I consent to the use of my name, likeness, story, photographs, video, or video footage used by *The Arc of Mid-Michigan* as described herein.

I do NOT consent to the use of my name, likeness, story, photographs, video, or video footage used by *The Arc of Mid-Michigan* as described herein.

Print Member's Name

Signature and Date

Print Legal Guardian Name

Signature and Date

Phone Number Cell and Alternate

Address