

## Membership Form

United Voices Self-Advocacy Group  
January – December 2009

**Membership dues are \$6.00. If you are a renewing your membership please submit your membership form and dues before April 1. If you are a new member please submit as soon as you can!**

(Please fill out one per person)

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Group Home: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other information you would like us to know:

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I need a receipt: YES \_\_\_\_\_ NO \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

**Mail this form and your money to:**

**United Voices  
C/o The Arc of Cass County  
215 North University Drive  
Fargo, ND 58102**