To whom it may concern,

With the year ending, it is time to start thinking about renewing and/or purchasing a membership through the Arc of Buffalo County. The Arc of Buffalo County works to provide opportunities for individuals of all ages and abilities. Attached to this packet, you will find membership forms, information on how to join our Remind group, and "Year with the Arc" flyer which will give you a glimpse of some of our current member's favorite events throughout the year.

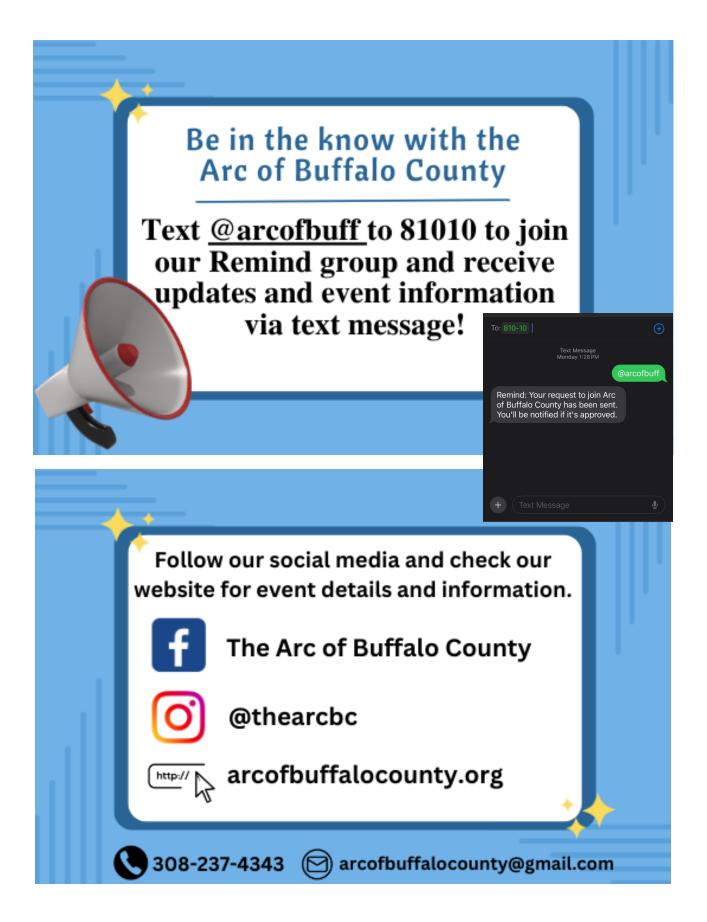
We have the option for a "single" membership for \$25.00 and a "family" membership for \$50.00. Purchasing a membership allows you to receive member-only communication via such as being on our email and mail list for newsletters and upcoming events. It also provides discounted pricing for events such as Buddy Bowling, dances, Christmas party, etc. and member only scholarship opportunities for events should a need arise. All are welcome to our events, however, our hope in the coming year is to provide members with additional free and discounted opportunities. Once your membership has been purchased and received by Arc of Buffalo County office staff, you will be sent a membership card that includes discounts to businesses around Kearney.

If you are interested in purchasing a membership with the Arc of Buffalo County, we kindly ask that you fill out the forms attached to this packet and return them along with payment to the Arc office via mail or drop off **by January 15, 2024.** Payment options include cash, check to <u>The Arc of Buffalo County</u>, or card via Square.

Thank you,

Arc of Buffalo County Board and Staff

Questions or concerns? Please contact the Arc of Buffalo County via email at <u>arcofbuffalocounty@gmail.com</u> or call the office at 308-237-4343.



## Single Membership Purchase

Single Membership (	\$25.00)	
Preferred payment method ( Cash Check t	(please select one) to The Arc of Buffalo County Card	->
Member Information	(scan QR code) –Single Membership	
First Name:	Last Name:	
Phone number:	Email:	
Address:		
	State: <u>Nebraska</u> Zip code:	
Allergies:		
Dietary restrictions:		
Medical History/Conditions/Dia	agnosis Information:	
Provider/Day program/Staff in	formation:	
Preferred Communication:	_ Text via Remind Email Website	/Facebook Mail
Emergency Contact First name: Phone number: Address:		

## Family Membership Purchase

Family Membership Pi	urchase	<b>⋒</b> :999:31:3593.∩
Family Membership (\$50.00)		
Preferred payment method (pla Cash Check to T	Card —>	
participating individuals) Family Name:	Family Membership (please	list all
Phone number:	Email:	
Address:		
lown:	State: <u>Nebraska</u> Zip code:	
Participating individuals	Last Name:	
Allergies:		
Medical History/Conditions/Diag	nosis Information:	
	Last Name:	
Allergies:		
Dietary restrictions:		
Medical History/Conditions/Diag	nosis Information:	
	Last Name:	
Medical History/Conditions/Diag	nosis Information:	
Preferred Communication: T (check all that apply) Emergency Contact	ēxt via Remind Email W	/ebsite/Facebook Mail
First name:	Last Name:	
Phone number:		