

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. Within this packet, you will find membership forms. Please fill out the respective forms that apply to the membership you would like to purchase for 2025. Please note that all contact information (name, address, email) needs to be legible, accurate, and completed in its entirety so that we are able to contact you about events, newsletters, membership, etc.

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 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 box. **Memberships returned by January 31, 2024 will be entered into a giftcard drawing!** Payment options include cash, check to The Arc of Buffalo County, or card via Square by scanning the QR code.

***\*\*Please fill out contact information in its entirety to ensure you receive the most updated information throughout the year as well as membership cards.***

Thank you,  
Arc of Buffalo County Board and Staff

# Single Membership Purchase

*\*indicates **REQUIRED** field. Please fill out the information on this form (especially address and email) legibly and in its entirety to ensure our records are up to date and that we can reach you with event information.*



\_\_\_\_\_ Single Membership (\$25.00)

## \*Preferred payment method (please select one)

\_\_\_\_\_ Cash    \_\_\_\_\_ Check to The Arc of Buffalo County    \_\_\_\_\_ Card →  
*(scan QR code)*

## Member Information –Single Membership

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ \*Email: \_\_\_\_\_

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

\*Town: \_\_\_\_\_ State: Nebraska \*Zip code: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Medical History/Conditions/Diagnosis Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider/Day program/Staff information: \_\_\_\_\_

## \*Emergency Contact

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

# Family Membership Purchase

*\*indicates **REQUIRED** field. Please fill out the information on this form (especially address and email) legibly and in its entirety to ensure our records are up to date and that we can reach you with event information.*



\_\_\_\_\_ Family Membership (\$50.00)

## Preferred payment method (please select one)

\_\_\_\_\_ Cash      \_\_\_\_\_ Check to The Arc of Buffalo County      \_\_\_\_\_ Card —>  
*(scan QR code)*

## Member Information –Family Membership (please list all participating individuals)

\*Family Name: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ \*Email: \_\_\_\_\_

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

\*Town: \_\_\_\_\_ State: Nebraska \*Zip code: \_\_\_\_\_

### Participating individuals

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Medical History/Conditions/Diagnosis Information: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Medical History/Conditions/Diagnosis Information: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Medical History/Conditions/Diagnosis Information: \_\_\_\_\_