

Yes! I would like to become a member of the Dutchess ARC family!

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Additional individual members' names (all members must be at least 18 years of age)*

\_\_\_\_\_

*Please check one:*

Life \$200     Individual \$10 (per person)

Enclosed is my check for \$ \_\_\_\_\_ (payable to Dutchess ARC)

Charge to     Visa     MasterCard    Expiration Date \_\_\_\_\_    Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_    Signature \_\_\_\_\_

*Complete this form and  
mail with your payment to:*

Dutchess ARC  
1435 Route 44  
Pleasant Valley, NY 12569  
Attn: Membership