



Donation or Membership Form

Send this form with your membership fee or donation to:

ARCH National Respite Network
c/o Dan Kutner
Chapel Hill Training Outreach Project, Inc.
800 Eastowne Dr. Suite 105
Chapel Hill, NC 27514

Date: _____

Name: _____ Title _____

Company Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Donation Amount: \$ _____

Individual Membership:

- Professional: \$75.00 Family Caregiver: \$25.00 Student: \$25.00

Organizational Membership:

- Company/ State Coalition Level 1: \$125**
For companies with annual budgets of under \$100,000 and small state respite coalitions.
Membership includes two professional memberships.
- Company/ State Coalition Level 2: \$225**
For companies with annual budgets of under \$500,000 and medium-sized state respite coalitions.
Membership includes three professional memberships.
- Company/ State Coalition Level 3: \$325**
For companies with annual budgets of over \$500,000 and large state respite coalitions.
Membership includes up to five professional memberships.

Checks should be made out to ARCH-NRN

If you would prefer, you may join or renew your membership online by visiting the website at https://arch.wildapricot.org/Member_Application. The ARCH parent organization, The Chapel Hill Training-Outreach Project, Inc. is a 501(c) (3) organization. Your donation is considered by the IRS to be tax deductible.