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.