Donation or Membership Form

Send this form with your membership fee or donation to:

ARCH National Respite Network
c/o Dan Kutner
Families and Communities Rising
4220 NC Hwy 55, Suite 330
Durham, NC 27713

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: $200
  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, Families and Communities Rising (formerly the Chapel Hill Training-Outreach Project, Inc.) is a 501(c) (3) organization. Your donation is considered by the IRS to be tax deductible.