

Chapter Contact Information



To ensure that your chapter is getting the most up-to-date information from The Arc of Indiana, following your annual meeting, please complete and return this form in the business reply envelope or fax to: 317-977-2385. We encourage you to provide a complete listing of your board and key staff members to help us connect with appropriate staff and volunteers. Please contact Kate Barrow if you have any questions at kbarrow@arcind.org or 317-977-2375.

Chapter Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone 2: _____

Fax: _____ Website: _____

Annual Meeting Month: _____ Elections Month: _____

Local chapter of The Arc in the following Counties: _____

Services provided in the following Counties: _____

Provider Agency (check one): Yes No *Advocacy Chapter* (check one): Yes No

Executive Director: _____

Title: _____

Phone (work home mobile): _____

Phone 2 (work home mobile): _____

Email: _____

Board President: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (work home mobile): _____

Phone 2 (work home mobile): _____

Email: _____

Membership Processing Staff/Volunteer: _____

Title: _____

Phone (work home mobile): _____

Email: _____

Person to Receive Invoices: _____

Title: _____

Phone (work home mobile): _____

Email: _____

OFFICE USE ONLY

Received Date: _____ Processed Date: _____ GW: O: W: MC: Ltrs: Act: