\*\* MEMBERSHIP APPLICATION – THE ARC OF SPRING BRANCH – MEMORIAL \*\*

EFFECTIVE OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023

Dear Arc of Spring Branch/Memorial Families,

Yes, we are resuming most of our usual activities, so let’s make sure you have all documentation in place and are ready to join in with the fun!

**Please print and complete the required documents, then RETURN BY MAIL TO OUR POSTAL BOX:**

1. **MEMBERSHIP FORM FOR 2022-2023** (attached):
* If you choose to use our website to access the form, please click on the word “HERE” for the link to work.
1. **DUES** should be paid either by check or online at: <https://www.arcofspringbranch.com/donate-or-join.html>. The gold level membership is not currently visible on our website. If you purchase the $75 gold level membership, please check the family membership box ($50), and then also the donation box ($25), then send us the completed paper copy of the membership form, indicating your selection of gold membership.
2. **CURRENT SPECIAL OLYMPICS FORMS**
* The Arc of Spring Branch requires all IDD members to provide and maintain a current SOTX forms package (registration, athlete release, communicable disease waiver, athlete health form, and physical exam) on file to participate in ANY meetings, social gatherings, events, or competitions.
* Here is the link to open a blank SOTX form package: [https://www.sotx.org/files/misc/new+sotx+medical+form+blank.pdf](https://www.sotx.org/files/misc/new%2Bsotx%2Bmedical%2Bform%2Bblank.pdf)
* **If you complete this form online, you still need to print and send a copy to us.**

(Special Olympics does not automatically send us copies of the completed forms).

* Special Olympics needs you to include our delegation code on the registration form: **SBA-04**. Without this, they will be unable to file your medical form under the appropriate delegation – and will be unable to locate your records in their system.
* **IMPORTANT: You must sign the included Athlete Release Form and Communicable Disease Waiver (with no written comments), and current in order to participate in Special Olympics activities.** If you have concerns about the Athlete Release Form, please contact Aaron Keith (akeith@sotx.org), and request a copy of the Special Olympics Privacy Policy.
* See Dawn Mueller if you have lost your copy of any of these forms, and are unsure whether your existing forms are current. Each of these forms expires after 3 years.
* We recommend that you complete all SOTX forms at the same time that you complete your renewal medical, **so that they all expire at the same time**.
1. **PROOF OF COMPLETE COVID 19 VACCINATION** – per CDC guidelines, full vaccination means “a person has received all recommended vaccines and boosters when eligible”.
2. **CODES OF CONDUCT** (required annually by The Arc of Spring Branch – Memorial:
* Athlete – Unified Partner Code of Conduct (see attachment)
* Parent – Guardian Code of Conduct

**CHECKLIST AND PAYMENT:**

**PLEASE DO NOT SUBMIT PARTIAL FORM PACKAGES – wait until you have all documents completed.**

If you have any questions regarding these forms, or are unable to print and need a paper copy, please contact Dawn Mueller: 713-470-7490 (text) or dawncmueller@half-pi.com.

**CHECKLIST**

|  |  |
| --- | --- |
|  | **Membership Form** – please print legibly and doublecheck your email address is correct. |
|  | **Payment** – online or by check. NO CASH PLEASE. |
|  | **Special Olympics Registration, Release, Communicable Disease Waiver, Athlete Health History & Signed Physician Exam Forms** (please complete online, include delegation code SBA-04, and print/save a copy). If you did not complete the medical portion of the form within the last year or so, you will need to complete the first three items now. |
|  | **Proof of complete COVID-19 vaccination** |
|  | **Parent-Guardian Code of Conduct** (see attachment) |
|  | **Athlete Code of Conduct** (see attachment) |

**PAYMENT**:

|  |  |  |
| --- | --- | --- |
| **Membership Type** | **Amount** | **Total** |
| Individual | $40 |  |
| Family (IDD member + up to 2 others) | $50 |  |
| Gold Family Membership (includes free movie night) | $75 |  |
| Self-Advocates Membership | $12  |  |
| TOTAL PAYMENT : |  |  |

**CIRCLE ONE**: Paid via **CHECK** or **ONLINE**

**We ask that you return all required forms by US MAIL to our PO Box below. Please do not deliver by hand to anyone. Also, make sure to include payment if paying by check. (NO CASH PLEASE)**

**The Arc of Spring Branch/Memorial- Attn: Membership**

**9337B Katy Freeway #287**

**Houston, Texas 77024-1515**

**The Arc of Spring Branch – Memorial**

**Membership Application**

**Effective: October 1, 2022 through September 30, 2023**

|  |  |  |
| --- | --- | --- |
| **Name of IDD (or primary) member:** | **Date of Birth:** | **Gender:** |
|  |  |  |
| **Full Street Address:** | **Personal cell phone:** | **Landline phone:** |
|  |  |  |
|  |  |  |
| **Personal email (will not publish)** | **Okay to publish this name, address, and phone in our directory? CIRCLE ONE: YES / NO** |
|  |

|  |  |  |
| --- | --- | --- |
| **Emergency contact #1 (first & last name):** | **Member? (CIRCLE ONE): YES / NO**  | **Relationship to IDD member:** |
|  |  |
| **Full Street Address:** | **Personal cell phone:** | **Landline phone:** |
|  |  |  |
|  |  |  |
| **Personal email (will not publish)** | **IF MEMBER: okay to publish this name, address, and phone in our directory? CIRCLE ONE: YES / NO** |
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|  |  |  |
| --- | --- | --- |
| **Emergency contact #2 (first & last name):** | **Member? (CIRCLE ONE): YES / NO**  | **Relationship to IDD member:** |
|  |  |
| **Full Street Address:** | **Personal cell phone:** | **Landline phone:** |
|  |  |  |
|  |  |  |
| **Personal email (will not publish)** | **IF MEMBER: okay to publish this name, address, and phone in our directory? CIRCLE ONE: YES / NO** |
|  |