

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

EFFECTIVE OCTOBER 1, 2022 THROUGH APRIL 30, 2024

(the current membership period has been extended to conform with our new membership term)

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. <https://www.arcofspringbranch.com/donate-or-join.html>.

2. **DUES** should be paid either by check or online at:
<https://www.arcofspringbranch.com/donate-or-join.html>. **NOTE:** it is important that you also complete the membership form, note date of payment if paid online, and mail it to us; we need this in order to reconcile your membership and payment.
ALSO NOTE: *The gold level membership is not currently available on our website. If you purchase the \$75 gold level membership, we ask that you please pay by check.*

3. **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>
 - **If you complete the SOTX forms online, you still need to print and mail a copy to us.** (Special Olympics will not automatically send us copies of the completed forms).
 - **04-SBA** is our delegation code, and program is **Texas**. Please enter these on your registration form. (Without this, SOTX will be unable to file your medical form with the appropriate delegation – and will be unable to locate your records in their system.)
 - **IMPORTANT: You must also sign the included Athlete Release Form and Communicable Disease Waiver (with no written comments), in order to participate in Special Olympics activities.** If you have concerns about the Athlete Release Form, please contact AJ Edenzon (aedenzon@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 you complete your renewal medical, **so that they all expire at the same time.**

4. **CODES OF CONDUCT** (required annually by The Arc of Spring Branch – Memorial):
 - Athlete – Unified Partner Code of Conduct
 - Parent – Guardian Code of Conduct
(attached)

CHECKLIST AND PAYMENT:

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

Please direct any questions regarding these forms to Dawn Mueller: 713-470-7490 (text) or dawncmueller@half-pi.com.

If you are unable to print the forms, please contact Dawn and request a paper copy.

CHECKLIST

	Membership Form – please print legibly and doublecheck your email address is correct. If you complete this form online, please also mail a copy to us – thank you!
	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 program TEXAS, delegation code SBA-04, and print/save a copy). If you have not completed the first 3 items in the past, you must do so now.
	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 (this fee is in addition to standard membership)	\$12	
CIRCLE ONE: CHECK or ONLINE	TOTAL:	

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

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