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MEMBERSHIP FORM

We at A.R.C., Inc. ask that you kindly take a moment to fill out the following form and return it with your \$50.00 membership dues for the current year. (Please fill out all the information indicated with a star.)

(If married, please list both names)

*Last Name _____ *First Name _____

Last Name _____ First Name _____

Address _____

(If your mailing address is different from the above address, please provide your mailing address below)

Address _____

*Contact Number _____

Business Telephone Number (optional) _____

Email address _____

*Name of Individual: _____

Please check, which one applies to you:

*Relationship to Individual: Parent Sister Brother Cousin Friend

*Individual resides in residence (location): _____

Individual attends (check all that applies):

Pre-Voc Recreational Day Hab.

Community Hab. Respite Other _____

Thank you for assisting us in keeping our records up-to-date.