

ADULT RESOURCES CENTER, INC.
1145 E. 55th Street
Brooklyn, NY 11234
(718) 531-7500

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) (____) _____ - _____

E-mail address _____

*Name of Client: _____

Please check, which one applies to you:

*Relationship to client: Parent ___ Sister ___ Brother ___ Cousin ___ Friend ___

*Client resides in residence number _____

Client attends workshop only _____

Client attends recreational program only _____

Other _____

_____ I would possibly be interested in serving on a committee. Please contact me so we can discuss this matter further.

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