

## ARC MEMBERSHIP

Mail to: ARC P.O. Box 18800 Hattiesburg, MS 39404



Name of Client			
PAREN	IT'S/GUARDIA	V'S NAME	
ADDRE	ESS .		
CITY		STATE	ZIP CODE
HOME	PHONE	WORK PHONE	CELL PHONE
		Email Addr	ess
	_LOCAL/STAT	E/NATIONAL MEMBERSHIP \$25.	00
	SPONSOR I	MEMBERSHIP \$100.00	
	BENEFACT	OR MEMBERSHIP \$250.00	
	PATRON MI	EMBERSHIP \$1000.00	
If you	are a client or	the parent of a client please cor	mplete the following:
Client's Name/s that will be participating in Arc programs:			
In whic	ch programs d	o you participate?	
Are yo	u interested ir	a program for your child and if s	so, which program?

SUMMER ADVENTURE CLIENTS MUST PAY THEIR MEMBERSHIP BEFORE ENROLLING!
RESPITE PROGRAM FEES WILL BE DOUBLED IF YOU DO NOT PAY MEMBERSHIP
BEFORE APRIL 1, 2023.