



# ARC MEMBERSHIP

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



United Way  
of Southeast Mississippi

Name of Client

PARENT'S/GUARDIAN'S NAME

ADDRESS

CITY STATE ZIP CODE

HOME PHONE WORK PHONE CELL PHONE

Email Address

LOCAL/STATE/NATIONAL MEMBERSHIP \$25.00

SPONSOR MEMBERSHIP \$100.00

BENEFACTOR MEMBERSHIP \$250.00

PATRON MEMBERSHIP \$1000.00

If you are a client or the parent of a client please complete the following:

Client's Name/s that will be participating in Arc programs:

In which programs do you participate?

Are you interested in a program for your child and if 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, 2021.