



# 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, 2024.**