



**ALLIANCE OF RESIDENTIAL CARE ADMINISTRATORS**

P. O. Box 758, Pearl City, HI 96782

**Membership Application Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Pager: \_\_\_\_\_

Type of Home: \_\_\_\_\_ ARCH

\_\_\_\_\_ FOSTER HOME

\_\_\_\_\_ OTHERS

- 1) Write \$50.00 check payable to ARCA
- 2) Mail to: P. O. Box 758, Pearl City, HI 96782

*"Caring is our Business"*