



MEMBERS APPLICATION TO THE ARC

_____ Individual (\$12)

_____ Family (\$15)

_____ Organization/Business (\$25)

PLEASE PRINT:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Make Checks Payable To: ST. MARY ARC and mail to:

St. Mary ARC
P.O. Box 3
Centerville, LA 70522