



Alliance of Residential Care Administrators

*Is a professional association that has been advocating on behalf of the elderly
adult residential
care home industry through education, legislation and collective action in
Hawaii since 1986*

MEMBERSHIP APPLICATION FORM

Date: _____

Name: _____

Name of Care Home: _____

Address: _____

City: _____ State: HI Zip Code: _____

Telephone (808) _____ Cellular: _____

Type of Home: _____ ARCH

_____ FOSTER

_____ OTHERS

- 1) Write \$150.00 check payable to ARCA
- 2) Mail to: P. O. Box 758, Pearl City, HI 96782

“Caring is our Business”