



MEMBERSHIP APPLICATION

For over 30 years, ARCA has paved the way and has been the *leading* Residential Care Home Organization working for YOU, our dedicated, loyal and hard-working members.

Check One:

- ☐ New Member
☐ Membership Renewal
Member Since _____

Date: _____

Applicant Name _____ Spouse/SCG Name: _____

Care Home Name: _____ SCG Telephone Number: _____

Care Home Address: _____

Mailing Address (if different from CH Address): _____

Primary Contact: _____ Care Home Telephone Number: _____

Primary Contact Cell Number: _____ Care Home Fax Number: _____

Primary Email Address: _____

Alternate Email Address: _____ Website URL: _____

ARCA Benefits

- **FREE** Fire Extinguisher Certification
- **FREE** Continuing Education Hours
- **Important** Updates from the Department of Health
- **FREE** CPR / First Aid Recertification
- **FREE** Annual Holiday Gathering

This list is not all-inclusive of ARCA Benefits.

TYPE OF HOME:

- ____ ARCH Type I
____ ARCH Type I Expanded
____ ARCH Type II
____ Foster Home
____ CHO Type I Home
____ CHO Type II Home
____ OTHER _____

PCG's TITLE

- ____ RN
____ LPN
____ CNA
____ NA

Please make checks payable to ARCA. Mail your ***COMPLETED** application form and your \$150* check to:

ARCA
PO BOX 758
PEARL CITY, HI 96782

**For those enrolling multiple care homes, a separate form & payment is required.*

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.

*Caring is
OUR
Business*

Visit our website: www.carehomeshawaii.com