



AFRICAN-AMERICAN RESOURCE CENTER AT BOOKER

MEMBERSHIP FORM

(Please Print)

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (H) _____ (Cell) _____ E-mail _____

Family Members:

Name _____ Adult ___ Child ___

Name _____ Adult ___ Child ___

Name _____ Adult ___ Child ___

Name _____ Adult ___ Child ___

Name _____ Adult ___ Child ___

Name _____ Adult ___ Child ___

Membership Type

Adult (\$75) _____ Senior (\$50) _____ 365 Club (\$365) _____ Family (\$100) _____ ANNUALLY

Membership fee enclosed: Amount

For 365 Club only – Please bill me Monthly \$ _____ on the _____ of the Month

Would you like to become a Volunteer at the African-American Resource Center at Booker? Yes _____ No _____

If yes, in what area? _____
(example-working with children).

What is your availability

MISSION STATEMENT

To utilize education, art, recreational, mentorship and cultural programs to create an environment that promote and enhance the quality of life by celebrating the achievements and improving the welfare of our community members.

Please mail to:

African-American Resource Center @ Booker
524 Kent Street
Rockford, IL 61102

REV/JAN 2019