



**CALIFORNIA ASSOCIATION OF RESIDENTAL CARE HOMES
GREATER EAST BAY AREA
(CARCH-GEBA)**

**Member Application Form
\$60.00 for the first person
\$30.00 for the second person**

Name of Licensee: _____

Name of Second Person: _____

Mailing Address: _____

City _____ **State** _____ **Zip Code** _____

Mobile Phone Number: _____ **Fax Number:** _____

Email Address: _____

Facility Name: _____

Facility License Number: _____

Facility Address: _____

Please check applicable box: _____ **RCFE** _____ **ARF**

If you have more than one facility, please list them below:

Name of Facility	Address of Facility

Mail to: Max Nunez, 970 Old Oak Road, Livermore, CA 94550 **OR**
Email to: Maxn450@gmail.com and send payment through your online banking
using Zelle to Maxn450@gmail.com.