

## Association of Residents of Costa Rica Asociación de Residentes de Costa Rica



ARCR MEMBERSHIP INFORMATION SHEET:

A MEMBER INFORMATION Repeal D

DAY MONTH YEA1.Membe  Name and Addres
Last Name/Apellido:
City, State, Country, ZipCode/Ciudad, Estado, Pais:  _ _ _  _ _ _ _
Codigo Postal Costarricense(only):  _ _
Telephone:   _   _   _   _   _   _   _   _ Ext.   _   _   _
Fax :   _   _   _   _   _   _   _ Ext.   _   _
Email: _ _ _ _ _ _ _
2.Costa Rican Identification (if applicable):
Carnet#   _    Cedula#   _ _
Issued  _                   Renewal
NONE (explain)
3.Passport#  _ _ _ _ _  Country  _
Your name exactly as it appears in the Passport.
4.Legal Status w. Costa Rican Gov't: PENsionado   RENtista   INVestor   Permanent Resident    TURista    Other
5. How Do you want your name to appear on your ARCR Discount Card?
B.NAME OF SPOUSE OF MEMBER:
Last Name/Apellido:
Segundo Apellido:
First Name/Nombre & Initial:  _ _ _ _ _ _ _ _ _ _ _ _ _ _  C.ADDITIONAL INFORMATION: 6.Blood Type of member   _ _ _  of Spouse   _ _ _ _
7. Type of Health Insurance INS    CCSS    Other
8.Country of Birth/Pais de Nacamiento:
Member

9.What Languages do y	ou speak?Member		Spouse		
10.Profession/Skills/	Interests etc				
			11.Contact		
person in case of dea	th or emergency:				
Name   _	.11111.	_ _	_		
Relationship   _	_ _ _  Add	ress   _ _ _ _	_		
_ _ _	.    .		_		
Telephone   _ _	_ _ _	11			
12.Are there any spec help you with at this	=	formation the ARCR can			
	o referred you to the				
Telephone		!!!!			
OR How did you learn about the ARCR?					
14.I agree to comply with all the rules of the Association, pay dues as fixed by the Board of Directors, and to work with other members to achieve the purposes of the Association.					
Signature of Member  ******** FOR OFFICE USE ONLY ********  ARCR Employee: Be					
sure this form is complete.  ARCR Employee: Be					
Initials of employee Date   _   _       _   _     _     YEAR					
PAID PERIOD	AMOUNT	PAID PERIOD	AMOUNT		

PAID PERIOD	AMOUNT	PAID PERIOD	AMOUNT