



EXECUTIVE OFFICES  
 7501 Sparrows Point Blvd.  
 Baltimore, MD 21219  
 Phone: 410-477-8879  
 Fax: 410-388-0846  
 Email: arcomembers@Comcast.net

## MEMBERSHIP APPLICATION

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TIME IN BUSINESS UNDER THIS NAME \_\_\_\_\_ PHONE NOS. \_\_\_\_\_

FAX NOS. \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### PRINCIPALS

TITLE	NAME	HOME ADDRESS	TIME WITH COMPANY*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* IF LESS THAN 2 YEARS, GIVE PREVIOUS BUSINESS CONNECTION

### BRANCH OFFICES (BUSINESS LOCATION WITH FULL TIME STAFF)

ADDRESS	MANAGER	TIME IN OPERATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CONTROL POINT, SUB-OFFICE, DIRECT REPORTING LOCATION, ETC.

ADDRESS	SUPERVISOR	TIME IN OPERATION
_____	_____	_____
_____	_____	_____

CONTINUED OVER

- ATTACH AN OUTLINE OR MAP INDICATING WHICH AREAS ARE SERVICED BY SUPERVISED STAFF AND WHICH ARE HANDLED BY CORRESPONDENT FACILITIES.
- PLEASE ATTACH A CURRENT SCHEDULE OF SERVICES AND INDICATE THE SCOPE OF SERVICES AND TYPES OF REPORTS YOU ARE EQUIPPED TO HANDLE.
- HAS THIS COMPANY OR ANY PRINCIPAL BEEN CONVICTED OF LIBEL or SLANDER?  NO  YES\*
- HAVE ANY OF THE PRINCIPALS EVER BEEN CHARGED WITH COMMITTING A FELONY?  NO  YES\*
- HAVE ANY OF THE PRINCIPALS EVER FAILED IN BUSINESS OR BEEN NAMED IN ANY TYPE OF BANKRUPTCY PROCEEDING, OR HAVE THEY EVER BEEN THE PRINCIPAL OF A BUSINESS WHICH HAS BEEN PLACED IN RECEIVERSHIP OR INVOLVED IN A BANKRUPTCY PROCEEDING?  NO  YES\*

[PLEASE PROVIDE COMPLETE DETAILS FOR ANY ASTERISKED ( \* ) RESPONSES]

LIST THREE PERSONS, NOT RELATIVES OR EMPLOYEES/FORMER EMPLOYEES, WHO HAVE KNOWN THE PRINCIPAL(S) FOR THE PAST FIVE YEARS.

Name	Address	Occupation

LIST ONE BANK REFERENCE

Name	Address	Account

I HEREBY AUTHORIZE THE ASSOCIATED REPORTING COMPANIES (ARCO) AND/OR THEIR DESIGNATED REPRESENTATIVE(S) TO INVESTIGATE, WITHOUT LIABILITY, ALL OF THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION FOR MEMBERSHIP. I CERTIFY THAT ALL ANSWERS ARE CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSE STATEMENTS MAY BE GROUNDS FOR REFUSAL OF MEMBERSHIP.

SIGNED: \_\_\_\_\_  
Type or Print  
 Name: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

### IMPORTANT ADDITIONAL INFORMATION FOR APPLICANTS

\* APPLICATIONS REQUIRE A CHECK (PAYABLE TO "ARCO") IN THE AMOUNT OF TWO HUNDRED DOLLARS (\$200.00). THIS REPRESENTS DUES OF \$150 AND A ONE TIME \$50 NON-REFUNDABLE APPLICATION PROCESSING FEE.

\* ANNUAL DUES ARE PRORATED ON A CALENDAR YEAR BASIS AND ARE NOT PAYABLE UNTIL MEMBERS ARE INVOICED BY THE ARCO EXECUTIVE DIRECTOR.