

LARC PARENT CLUB MEMBER APPLICATION

NAME _____

CLIENT'S NAME _____

ADDRESS: _____

PHONE: HOME _____ CELL _____

EMAIL ADDRESS: _____

(Bring this form to a meeting or turn in at the LARC OFFICE
303 New Hope Rd., Lafayette, LA 70506)

QUESTIONS?

CALL: Wanda Lee - 337.234.7273
E-MAIL: wandablee@gmail.com