



**AARC/AzSRC Renewal
and
New Member Registration Form**

First name _____ Last name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Member renewal: current # _____

Non-member: last 4 digits of SSN# _____

Please send with your check or money order. Allow 3-4 weeks to process.

Mail to:

**AzSRC
PO Box 12035
Glendale, AZ 85318**