

The Research Development Foundation for Professionals Inc.  
2496-98 8<sup>th</sup> Ave.  
NY, NY 10030  
347.535.0679  
[info@rdfprofessionals.org](mailto:info@rdfprofessionals.org)



## **RDAP MEMBERS APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Phone/Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/ Guardian (if different under 18): \_\_\_\_\_

Parent/ Guardian's Address (if different): \_\_\_\_\_

Parent/Guardian Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact/Relation: \_\_\_\_\_

### **Affiliation/ Organization**

School/ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Name last diploma received? \_\_\_\_\_

### **Check the program(s) you are interested in:**

- Apprenticeship     Research     College Experience     Internship     Mentoring  
 Annual Talent/ Fashion Show     Workshop     Other \_\_\_\_\_.

*Briefly explain why you want to participate in this program:*

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*What industries are you interested in?*

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*Describe any special talents, abilities/skills or hobbies:*

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*Are you willing to volunteer within the community? \_\_\_\_\_*

*If yes, write day(s) and time(s) that you could be available to volunteer with RDFP Inc. Programs:*

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*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_*

(Please note: You must sign in the **provided space above** in order to be eligible for the competition.)

<b>RDF Professionals Annual Membership Fee</b>	
Youth	\$0.00
Senior Citizen	\$10.00
Adult	\$20.00
Small Business	\$300.00
Medium Business	\$480.00
Large Business	\$600.00

I, \_\_\_\_\_, pledged \$ \_\_\_\_\_ for \_\_\_\_\_  
(Print Payee's Name) (Print Applicant or Company's Name)

annual membership to support RDFP Inc. operation and programs for the year \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Payee's Name)

Return completed applications to:  
**Research Development Foundation for Professionals Inc.**  
2496-98 8<sup>th</sup> Avenue, Suite 3A  
New York, NY 10030  
[membership@rdfprofessionals.org](mailto:membership@rdfprofessionals.org)