

The Research Development Foundation for Professionals Inc.
2496-98 8th Ave.
NY, NY 10030
347.535.0679
info@rdfprofessionals.org



RDFFP 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:

What industries are you interested in?

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Describe any special talents, abilities/skills or hobbies:

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:

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.)

RDF Professionals Annual Membership Fee	
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 8th Avenue, Suite 3A
New York, NY 10030
membership@rdfprofessionals.org