Arkansas IAAI

Membership Application

Name _____ Address _____

City_____ State _____ Zip_____

Phone number _____ - _____ - _____ Cell number _____ - _____ - _____

Organization _____ Title_____

Email _____

Dues Only (VFD or Not Attending Spring Conference) $25 _____

Mail Membership Application with check to:

IAAI
P.O. Box 970
Heber Spring, AR 72543

If you have further questions, please contact secretary Josh Combs at (501) 250-6072 or Email at joshacombs@att.net