



Membership Application

Name _____ Address _____

City _____ State _____ Zip _____

Phone number ____ - ____ - ____ Cell number ____ - ____ - ____

Organization _____ Title _____

Email _____

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

Mail Membership Application with check to:

IAAI , Arkansas Chapter

P.O. Box 177

Bono, AR 72416

If you have further questions, please contact secretary JW White at
jwhite@jonesboro.org.