



For Office Use Only	
Date Rec.	_____
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Ark-AHEAD Membership Application

Membership Category:

- \$5 – Student
- \$10 – Professional – Individual in Higher Education
- \$10 – Professional – Individual at an Agency other than a college/university
- \$25 – One Institutional Membership (3 members)
- \$50 – Two Institutional Memberships (6 members) **

Academic Year:

** Institutional Membership - for more than 6 memberships, please complete a Membership Application for each additional person to be included with your Educational or Agency Institution. Each membership will cost \$10.

Institution/Agency Name:

Member Name					
Address					
City		State		Zip Code	
Phone Number			Fax Number		
Email Address					
Yes	No	Do you want your contact information posted on the ARK-AHEAD website?			
Yes	No	Do you want to be added to the ARK-AHEAD Listserv?			

Member Name					
Address					
City		State		Zip Code	
Phone Number			Fax Number		
Email Address					
Yes	No	Do you want your contact information posted on the ARK-AHEAD website?			
Yes	No	Do you want to be added to the ARK-AHEAD Listserv?			

Member Name					
Address					
City		State		Zip Code	
Phone Number			Fax Number		
Email Address					
Yes	No	Do you want your contact information posted on the ARK-AHEAD website?			
Yes	No	Do you want to be added to the ARK-AHEAD Listserv?			

Payment: (payable to ARK-AHEAD) Check Purchase Order # _____ Total Amount: \$ _____

SEND TO: ARK-AHEAD, P.O. Box 250914, Little Rock, AR 72225-0914
EIN# for Ark-AHEAD: 26-1286322