



# Arkansas Coroner's Association

## 2017 Membership Application

County: \_\_\_\_\_

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

Title/Position: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

***Please make any corrections to the information listed above.***

Membership dues for \_\_\_\_\_ : .....\$30.00

Additional information for Deputy Coroners:

<u>Name</u>	<u>Email Address</u>	<u>Membership?</u>		
_____	_____	Yes	No	\$30.00
_____	_____	Yes	No	\$30.00
_____	_____	Yes	No	\$30.00
_____	_____	Yes	No	\$30.00
_____	_____	Yes	No	\$30.00

**\$30.00 per year per member – Total: \$\_\_\_\_\_**

Send completed application along with check/money order to:

**Arkansas Coroner's Association  
c/o Stuart Smedley, Treasurer  
Garland County Coroner's Office  
501 Ouachita Ave. #407  
Hot Springs, AR 71901**

\*Membership runs for the calendar year. Dues are due in January. If you have already submitted your dues, Thank You for supporting your professional organization!