



Arkansas Coroner's Association

2018 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
PO Box 6243
Hot Springs, AR 71902**

*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!