



Department of Arkansas

Membership Transmittal Form

Unit Number _____ Unit Name _____ Membership Year _____

Person Completing Form _____ Check Number _____

Address _____ City _____ Zip Code _____

Phone _____ Email _____

Total Seniors (New & Renewals) _____ @ \$29.00 Total \$ _____

Total Juniors (New & Renewals) _____ @ \$5.00 Total \$ _____

Total Seniors & Juniors Sent _____ Check Total \$ _____

Please Fill out for each member you are transmitting membership:

Last Name	First Name	ID Number	Senior	Junior	Email	Year

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