



ARPEA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Personal Phone:		
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current employer:		
Work Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

DEGREE GRANTING UNIVERSITY

Institution Name:

MEMBERSHIP FEES

Professor [\$20.00]:	Student [\$10.00]:	
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SIGNATURES

By placing my initials in the below signature line I am signing this document electronically and will submit using the button provided. Otherwise print and sign the document and turn in at ARPEA meeting or mail to:

Carleton Holt – ARPEA Treasurer
 107 Peabody Hall
 University of Arkansas
 Fayetteville, AR 72701

Signature of applicant:	Date:
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