

ARKANSAS CITY CLERKS RECORDERS AND TREASURERS ASSOCIATION

I N V O I C E

THIS INVOICE IS FOR ½ YEAR MEMBERSHIP-WILL INVOICE AGAIN IN JUNE FOR JULY 2007 TO JUNE 2008

Arkansas City Clerks Recorders and Treasurers Association

c/o Donna Jones, ACCRTA Treasurer 2006-2007
P. O. Box 730
De Queen, AR 71832

SEMI ANNUAL DUES:	\$25.00	- ELECTED OR APPOINTED CITY CLERK, RECORDER, TREASURER (PER PERSON)	\$25.00
	\$7.50	DEPUTY MEMBERSHIP.	\$7.50
	\$5.00	ASSOCIATE MEMBERSHIP.	\$5.00

MUST BE PAID NO LATER THAN MARCH 31, 2007

➡ SEMI ANNUAL DUES \$25.00

Name: _____ Check if new member: _____
(Please type or print)

Title: _____
(Please type or print)

Mailing Address: _____ Street Address: _____
(Please type or print) (If different from mailing address)

City: _____ Zip Code: _____
(Please type or print)

➡ DEPUTY Membership: \$7.50 PER PERSON for Deputy only

Deputy membership application ***must*** include letter from the City Clerk, Recorder, or Treasurer stating the person has been appointed as his / her deputy. Please attach letter to invoice.

Name: _____ Check if new member: _____
(Please type or print)

➡ ASSOCIATE Membership: \$5.00 PER PERSON for Deputy only

Name: _____ Check if new member: _____
(Please type or print)

OTHER INFORMATION:

Business Telephone Number: _____

Facsimile Number: _____

Email Address: _____

____ Member's name on receiving notice has changed

____ Member has been replaced, please send membership material and information

Please mark this box if you have been a Past ACCRTA President. (_____ year, if possible)

Please return this invoice with payment for proper credit and retain a copy for your records.
Make checks payable to ACCRTA (Arkansas City Clerks Recorders and Treasurers Association)