



P.O. Box 23034
 Little Rock, AR 72221
 501.223.9188
office@arksae.net

ASAE Membership Application
 Join online at www.arksae.net

First Name: _____ Last Name: _____ Designation: _____

Title: _____ Email: _____

Company: _____ Phone #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Fax #: _____ Website: _____

Facebook: _____ Twitter: _____

Referred by: _____

Brief Description (used for directory): _____

Example: "Our facility is located on a scenic, historic.... let us host your next event whether it's a legislative event, Christmas party, continuing education... we can host up to 500 banquet style, 200 classroom style."

Executive Member Dues – \$125 per member **\$ 125 each** _____

Associate (Supplier) Member Dues – \$150 per member **\$ 150 each** _____

*Associate members are hotels, CVBs, Printing Cos, etc...

(Optional) Prepaid Lunches: Contact ASAE for more informatino

Total Enclosed _____

Please remit to:
ASAE
P. O. Box 23034
Little Rock, AR 72221-3034
 PH (501) 223-9188
office@arksae.net

| <u>Payment Options:</u> | |
|---|-----------------------|
| Check #: | _____ |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | |
| Card #: | _____ - _____ - _____ |
| Exp date: | _____ CVV: _____ |
| Card Billing Address (if diff. from above): | _____ |
| | _____ |