

# AAADAC Application for New or Renewing Membership

*(Please Print)*

Name: -----

Job Title/Position: -----

Address: -----

City, State, Zip: -----

County: -----

Home Phone: -----

Organization: -----

Work Phone: -----

Certified/Licensed as:  
-----

Signature:  
-----

New Membership - \$25.00      -----Y

Membership Renewal- \$25.00      -----Y

I Have a Member Certificate      -----Y

I Need a Renewal Sticker      -----Y

.....  
Please mail membership  
Applications to:  
AAADAC  
P.O. Box 45386  
Little Rock, AR 72214  
.....