

Application for Membership

ARKANSAS ANGUS AUXILIARY

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Farm Name: _____

DUES: \$10.00

Please mail this form and payment to AAA Treasurer:

Charlene Lewis

621 N. Center

Carlisle, AR 72024

Questions? Please call Charlene at 870.552.7685.

