

OUACHITA RIVER VALLEY ASSOCIATION (ORVA) MEMBERSHIP APPLICATION

I/We hereby subscribe the sum of \$ _____ annually, payable in advance, for a one year membership in support of the Ouachita River Valley Association, Inc. (ORVA). This membership becomes effective immediately and will remain in force so long as I/we remain a member/ members in good standing and pay the membership dues when due each year.

Name: _____

Contact person (organizations only): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Telephone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Membership Fees:

Individuals:

_____ \$50 per year (minimum)

_____ \$200 Civic/Professional

_____ \$100 Small Business

_____ \$200 Public Entity

_____ \$500 Corporate

_____ \$2500 Primary User

Please return completed form and cashier's check, money order, or personal check to:

Ouachita River Valley Association
P.O. Box 913
Camden, AR 71701