## OUACHITA RIVER VALLEY ASSOCIATION (ORVA) MEMBERSHIP APPLICATION

advance Associat will rema	eby subscribe the sum of \$_ , for a one year membership tion, Inc. (ORVA). This mem ain in force so long as I/we r the membership dues when	o in suppo nbership b remain a m	ort of the becomes nember/	Ouach effecti	iita River Valley ve immediately and
Name: _					
Contact	person (organizations only)	:			
Mailing A	Address:				
City:		_ State:	State:		Zip:
E-mail a	ddress:				
Telephone Number:			Fax Nu	mber:	
Signature:				Date:	
Membe	rship Fees:				
Individua	als:				
\$	50 per year (minimum)			\$ 200	Civic/Professional
\$	100 Small Business			\$ 200	Public Entity
\$	500 Corporate			\$1,250	User Fee
	\$2,500 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

