

ARKANSAS

Dog Hunters Association

Membership Form

Name:	Email:	
Name: (Spouse or Child)		
Address:	County:	
City:	Ar:	Zip:
Phone #	Cellphone#	
Type of game you hunt:	Type of dogs you hunt with:	

Please check type of membership

_____ \$10 Single _____ Family \$15 (Husband & Wife) _____ Jr Membership \$5 (15 yrs and below)

Please attach a check or money order, made out to Arkansas Dog Hunters Association or (ADHA) .In the memo section write yearly dues. Send payment along with this registration to the address below. By signing this form, you give the ADHA permission to use your signature on any petition submitted to office.

X _____ Self

X _____ Spouse or Child

Date: _____

Dues run January to January (Yearly)

Please mail dues to

Wayne Stone - Treasurer

64 Dusty Road Perryville, AR 72126