



## 2017 AAE4-HA Membership Form

**INVOICE FOR:**

**First Name:**

**Last Name:**

**Amount Due:** Membership Renewal - **\$90**

**Payment Type (check one):**

- Personal Check (ck# \_\_\_\_\_)
- County Check (ck# \_\_\_\_\_)
- Credit Union Transfer
- Indirect Funds (Request at least one month before deadline.)
- Credit/Debit (\$3.50 processing fee will be added. Call Sara Beth Johnson at 501-676-8285)

**Enter date dues were mailed or payment requested:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please Make Check Payable to:**

**AAE4-HA**

**Mail to:**

**Sara Beth Johnson  
AAE4-HA Treasurer  
P.O. Box 357  
Lonoke, AR 72086**

For questions, please call or text 501-676-8285 or email [sbjohnson@uaex.edu](mailto:sbjohnson@uaex.edu)

**DUE upon receipt**

**Dues must be received by Jan. 13, 2017 to be eligible for association awards.**