

ARKANSAS PROFESSIONAL BAIL ASSOCIATION

P.O. Box 1250
PINE BLUFF, AR 71613

MEMBERSHIP

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ AR ZIP: _____ COUNTY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL PHONE NUMBER: _____ E-MAIL: _____

DESIGNATED REPRESENTATIVE: _____

DATE _____ SIGNATURE _____