

ARKANSAS PROFESSIONAL BAIL ASSOCIATION

7000 Jefferson Parkway, Suite D
White Hall, AR 71602

MEMBERSHIP

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____, AR ZIP: _____ COUNTY : _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL PHONE NUMBER: _____ E-MAIL: _____

DESIGNATED REPRESENTATIVE: _____

DATE _____ SIGNATURE _____