Arkansas Hospitality Association

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Phone (501) 376-2323 ♦ Fax (501) 376-6517
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EDUCATION MEMBER APPLICATION

School _____ Web Site _____

Contact _____ Title _____

Address (Physical Location) City State Zip

Mailing Address (If different from above) City State Zip

Phone _____ Fax _____

Annual School Membership Fee ----------$165.00

In addition to your primary contact, two additional people from your school may receive AHA mailings through this membership.

Name _____
Title _____
Address _____
City _____State _____ Zip _____
Phone_____Fax _____
e-mail _____

Name _____
Title _____
Address _____
City _____State _____ Zip _____
Phone _____Fax_____
e-mail _____

The AHA Quarterly Magazine will be mailed to additional people for $25 each. List names and addresses on back.

Payment Method:
____ Check Enclosed.
____ Credit Card Number:_____ Exp. Date: _____
(Discover, American Express, Mastercard or Visa)

Recommended by _____

Your membership dues are tax deductible, not as a charitable contribution, but as a business expense. Your association estimates that 80% of your membership dues will be deductible for Federal income tax purposes, according to the "**Omnibus Budget Reconciliation Act of 1993**"