



Arkansas Automotive Dismantlers and Recyclers Association

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MEMBERSHIP APPLICATION

AADRA Annual Membership Dues: \$150.00

Enclosed is a check in the amount of: _____

Contact person: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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Email Address: _____

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Authorized Signature: _____

Date: _____

Make check payable to AADRA and mail to address above. Thank you!