

ADCPA
2010—2012
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Arkansas Drug Court Professionals Association

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(501) 682-9400 Office (501) 682-9410 Fax

Membership Application 2012 Please Print

Name

Title/Position

Mailing Address (Street)

Court Location (County)

City, State and Zip

Judicial District/Circuit

E-mail Address

Phone Number

I hereby apply for membership in the Arkansas Drug Court Professionals Association. In so doing, I certify that I am employed by or provide service to at least one of the Arkansas Drug Court Programs.

Membership fee: **\$25.00**
(Please make check payable to ADCPA)

Signature

Date