MINICARIO REPORTATION REPORTAT



Application for Membership

NAME:
ORGANIZATION:
TITLE:
ADDRESS:
CITY, STATE, ZIP:
WORK PHONE NUMBER:
HOME PHONE NUMBER:
CELL PHONE NUMBER:
E-MAIL ADDRESS:
WEB SITE URL:

Would you like to be a member of the Arkansans Against Abusive Payday Lending, an informal coalition of members dedicated dedicated to improving the lives of citizens (particularly the working poor) of the State of Arkansas by removing abusive payday lending from our fair state? Arkansans Against Abusive Payday Lending has no membership fee, no annual dues, no income, and no expenses. It is simply a gathering together of individuals and organizations who will take opportunities to work with other Arkansans in addressing issues related to abusive payday lending in our state.

H. C. Klein, Founder Date

Once you complete this form, your information will be added to our database and we will:

1) mail you a completed certificate and 2) e-mail or mail you information about our cause.