

We urge you to fill out the Membership Application Form below. You can turn it in to your local Chapter Secretary/Treasurer or mail application and \$15.00 annual dues to: **Doyle Hughes, Secretary/Treasurer, 9112 Leatrice Dr., Little Rock, AR 72227.** Make your check payable to: **AHTD Retirees Association.**

2021 MEMBERSHIP APPLICATION FORM

Retiree Name _____

\$15 Fee Enclosed

Spouse Name _____

\$10 Fee Enclosed

Phone Number _____

Year You Retired _____

**Division/
District No.** _____

Address _____ **Zip Code** _____

Street or Route & Box No.

City

State

E-Mail Address _____

Signed _____