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ARKANSAS SPORTS HALL OF FAME MEMBERSHIP APPLICATION

Name _____
 Address _____
 City _____
 State _____ Zip _____
 (H) Phone _____
 (W) Phone _____
 Fax # _____
 E-Mail _____
 Date Joined _____

MEMBERSHIP OPPORTUNITIES

- Grand Slam Membership\$1,000
- Regular Membership\$50
- Coach/Administrator.....\$35
- Junior (under 35)\$25

ALL MEMBERSHIPS INCLUDE GIFT PACKET!

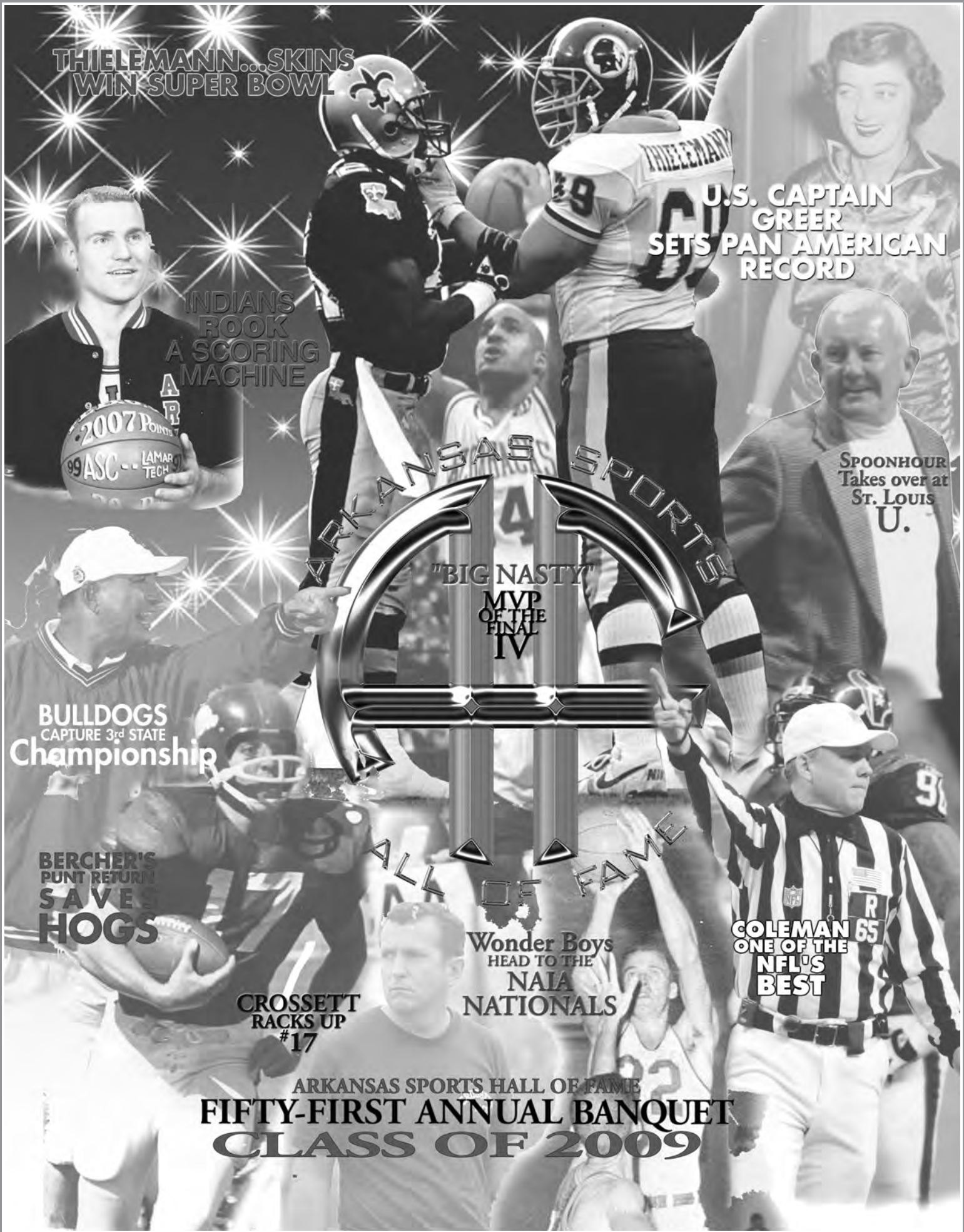
PAY BY CHECK OR CREDIT CARD

Check # _____
 Card type: Visa Mastercard
 Name on Card _____
 Credit Card # _____
 Expiration: _____
 State _____ Zip _____

Mail your completed application to:
 ASHOF
 #3 Alltel Arena Way
 North Little Rock, AR 72214



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