



Membership Form

*Prevention Professionals of Arkansas
2025-2026*

**PPA
Memberships:**

Individual: \$25
Organization: \$100
(Up to 5 Members)
Student: \$20
(Documentation required)

Is this a NEW membership?
___ Yes ___ No Date _____

How did you hear about PPA? Online ___ Newsletter ___ Brochure ___ Conference ___

What type of membership? ___ Sponsor Organization* ___ Individual ___ Student**

Member's Name: **(mark with asterisk (*) if acting as the Primary Contact for a Sponsor Organization)**

_____ *First* _____ *Middle* _____ *Last*
Agency: _____ Title: _____

Address: _____
P.O. Box or Street _____ *City* _____ *State* _____ *Zip Code*

Billing Address: _____
(if different) _____ *P.O. Box or Street* _____ *City* _____ *State* _____ *Zip Code*

Phone #'s: _____
Work _____ *Cell (optional)*

Contact Email Address: _____
Email address is necessary to receive quarterly newsletter, legislative alerts, and updates on training and workshop opportunities.

Name of Sponsor Organization: _____

List each member and his/her E-mail. **Complete a separate membership form for each member** (if applicable):

- | Name: | E-mail: |
|----------|---------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

New members will receive a lapel pin. Sponsor organizations and Individual members will receive a membership certificate.

Please make check payable to PPA and email completed form(s) to
arkpreventionpros@gmail.com or mail to:

PPA Membership, Prevention Professionals of Arkansas
P.O. Box 11235, Fayetteville, AR 72703

FOR PPA USE ONLY:
Amount received: \$ _____
Cash ___ Check # _____

PPA follows the federal fiscal year of Oct 1 –Sept 30 for the purpose of dues and other business.