



APPLICATION



The Arkansas Constable Association
2015-2016

www.arconstable.com

Full Name DOB AR Driver Lic#

Mailing Address City Zip Code

Street Address (If Different)

Constable YES NO County Township Elected Term

Email Address (Important: Print carefully as this is the primary contact)

Home Phone Cell Phone Work Phone

County Sheriff is: County Clerk is: County Judge is:

- YES NO I have the uniform and equipment required by Arkansas law.
YES NO I have prior law enforcement experience.
YES NO I am in-process or completed 120-hour training requirement.
YES NO I have applied or already certified as an Arkansas law officer.

MEMBERSHIP TERM: 2015-2016.

I apply as an AFFILIATE (non-constable/non-voting) member \$50.00

I apply as a CONSTABLE (voting) member \$60.00

As a member of the Arkansas Constable Association (ACA), "I will support the Laws of the State of Arkansas and the Constitution/By-Laws of the Association. Furthermore, I will work to promote the welfare of the position of CONSTABLE to the best of my ability."

SIGNED: Date:

Forward application with membership fee to the Association Secretary: Althea Wheeler, 4547 Hwy. 85, Lexa, AR 72355 (870-817-2005) for the ACA Board's approval. Membership decisions are made without regard to race, color, creed, sex or national origin.