



APPLICATION



Arkansas Constable
 Association 2017-2018
www.arconstableassociation.com

Full Name _____ DOB _____ AR Driver Lic# _____

Mailing Address _____ City _____ Zip Code _____

Street Address (If Different) _____

Constable _____ County _____ Township _____ Elected Term _____
 YES NO _____ 2017-2018

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: 2017-2018.

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 Sam Reyna, President 12165 Landers Road Rogers, Arkansas 72756 (479)531-3624 for the ACA Board's approval. Membership decisions are made without regard to race, color, creed, sex or national origin.