

# Join the ASA as a Member

Membership dues to the organization are \$20

Mr. / Mrs. / Ms. \_\_\_\_\_

Additional Member \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Total # of members \_\_\_\_\_ at \$20 = Total enclosed \$ \_\_\_\_\_

Branch Affiliation:

New York

Boston

Providence

Donation

Member-at-large

Please complete this form and mail it in the enclosed return envelope, along with your check payable to: ASA

Thanks for your support and your belief in the ASA!