

Membership Categories:

Please check (✓) the appropriate membership category. Enclose a check, money order or credit card number with this application. Do not send cash.

- Life Membership \$3,000
- Institutional Membership \$500
- Individual Membership \$125
- Student Membership \$100
- Sustaining Donor \$100

Membership Application:

NAAAS NAHLS NANAS IAAS
 (please check the appropriate organization)

Name: (Mrs., Ms., Dr., Mr.) <small>(please circle)</small>		Title/Position:
College/University/Organization:		
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office		
City:	State:	Zip:
Phone:	Fax:	Email:

PAYMENT METHOD:

- Check
- Money Order
- Credit Card # _____
 MasterCard, Visa, Discover Exp. Date

CVV # _____ (3digits on back)

Cardholder's Name: _____

Signature _____

Date

I agree to pay the above total amount according to card issuer's agreement.

Make all methods payable to:

NAAAS & Affiliates
PO Box 6670
Scarborough, ME 04070-6670
Tel: 207/839-8004; Fax: 207/839-3776
Email: natlaffiliates@earthlink.net
Federal Tax I.D. #54-1701165
www.NAAAS.org