2020 DVB-AALAS Membership Application

Memberships run from January-December (memberships are not transferable)

☐ New ☐ Renewal ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ I would like to volunteer – please send me information

First Name Middle Last Name Degree/Certification

Company/Institution: _____

Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Member of National AALAS? ☐ Yes ☐ No DO NOT include me in the Directory ☐

Include your National AALAS Member Number_____

☐ **Individual Membership/ $20.00**
Subscription to the DVB-AALAS Newsletter, voting privileges, DVB-AALAS Educational Program discounts

☐ **Honorary or Lifetime Membership/Free if you fit criteria**
Subscription to the DVB-AALAS Newsletter, voting privileges, DVB-AALAS Educational Program discounts

☐ **Commercial Membership/ $150.00**
Three Individual Memberships, option to advertise in the DVB-AALAS Newsletter, Press Releases (100 words or less) at no charge on the Commercial Membership Page*, Sponsor signage at the May meeting.

1. Name: _____ e-mail address: _____**National AALAS #**_____

2. Name: _____ e-mail address: _____**National AALAS #**_____

3. Name: _____ e-mail address: _____**National AALAS #**_____

(Provide 3 individual business cards for newsletters) *Subject to rotation schedule and available Newsletter space

Method of Payment:

☐ Check (payable to DVB-AALAS) Amount Enclosed: $_____
☐ Company Check Fed Tax ID # 23-6413812
☐ Money Order
☐ Credit Card (name on card if different from member name and billing address) _____

Please be sure that you provide the correct billing address that matches the credit card.

[ ] AMEX [ ] VISA [ ] Mastercard

Exp CSC #

Return membership from and fee to: Denise DiFrancesco, DVB AALAS Publicity and Membership Chair, Wistar Institute
3601 Spruce Street, Philadelphia, PA 19104 (215) 898-3782.