**2024 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 Partners 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

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**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.