



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 Company Check Money Order Credit Card

Check (payable to DVB-AALAS)

Company Check

Money Order

Credit Card (name on card if different from member name and billing address) _____

Amount Enclosed: \$ _____

Fed Tax ID # 23-6413812

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

AMEX VISA Mastercard
| | | | | | | | | | | | | | | | |

Exp CSC #
| | | | | | | | | | |