

MEMBERSHIP APPLICATION

Make your voice heard!

Name	
Address	
City	
State	ZIP
Home Phone ()
Office Phone ()
Fax Number (
Non-governmental e-mail* *Non-governmental e-mail addresses are crucial for politically-sensitive messages.	
Office e-mail	Non-governmentare-mail addresses are crucial for politically-sensitive messages.
Department or Agency	
Title or Occupation	
Recruited by:	
M embership Type	- Please choose one of the following:
	_: Regular or Retiree Dues are determined by individual chapters.
Member-at-Larg	ge: Regular or Retiree \$125 annually \$63 annually
Lifetime Retiree:	Never pay dues again with a one-time payment of \$250!
Payment Type - Ple	ease choose one of the following:
□ Check enclosed	□ Visa MasterCard American Express (circle one)
	Expiration Date/
Name on Caro	

Send application to: