



Membership Application Form

Identifying Information:

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Office Address(es):

Office #1 _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Office #2 _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Occupation: _____

Do you prefer to receive correspondence at your: office _____ home _____

Membership Information Materials:

Please check one box and enclose the following materials to complete the membership information form.. Dues apply September through August.

Full Member

Checklist:

Full Member Dues \$350

Copy of CV

Copy of License

Beginning Professional (i.e. recent graduate)

Checklist

Beginning Professional Dues \$150

Copy of CV

Copy of License

Retired Member

Checklist:

Retired Member Dues \$150

Copy of CV

Student Member

Checklist:

Dues \$90

Copy of CV

Copy of Student ID