



MEMBERSHIP APPLICATION

Renewal

Date: _____

New Member

Referred by AAMAS Member: _____
(Required if participating in Member Referral Reward Program)

Please provide primary contact information below:

First Name:		Last Name:	
Credentials:			
Mailing Address (Line 1):			
Mailing Address (Line 2):			
City:	State:	Zip:	
Daytime Phone:	Evening Phone:		
Cell Phone:	Fax:		
E-Mail:			
Employer:			

Is the above contact information your: Business Home Both

Notice: Membership in AAMAS conveys permission to publish your name, address and email address in our Membership Directory which will appear in the password protected "Members Only" area of our website. Your email address will be used to send you periodic notices of interest to AAMAS members. Opt out options are available in each message. Our privacy policy precludes our providing your information to any third party without your permission.

List other professional organizations to which you belong: _____

Individual Membership fee for the 12 months is \$125.00

To pay by Credit Card:

Type of Card: <small>(VISA, M/C, AMEX, DISC)</small>	Credit Card #:	Exp Date: <small>(Month/Year)</small>
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Please complete the following if billing information is different than the primary contact information above:

Name on card:		
Billing Address:		
City:	State:	Zip:

Signature:

To pay by check: Make your check payable to AAMAS (if needed, our Tax ID is 65-0573775)

Please FAX or MAIL your completed application to:

AAMAS
PO Box 47609
San Antonio, TX 78265-8609
FAX: 1-866-851-6715

For additional information email Barbara Thompson at admin@aamas.org

