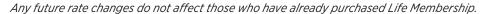
MEMBERSHIP APPLICATION—LIFE MEMBERSHIP





LIFETIME MEMBERSHIP C	ATEGORIES (please che	ck one box)		
AGES 49 AND YOUNGER	. S2,000 SINGLE PAYMENT	r, OR \$550 PER	YEAR OVER 4 YEARS	
AGES 50 TO 59	. [\$1,750 SINGLE PAYMENT,	OR \$500 PER	YEAR OVER 3 YEARS, THEN \$425 IN	4TH YEAR
AGES 60 AND OLDER	. 🔲 \$1,400 SINGLE PAYMENT	, OR	R YEAR OVER 3 YEARS, THEN \$340 IN	4TH YEAR
YOUR INFORMATION				
FIRST NAME	MIDDLE INITIAL	LAST NAM	E	SUFFIX
TITLE				
PLACE OF EMPLOYMENT				
WORK ADDRESS				
CITY	STATE	ZIP	COUNTRY	
WORK PHONE		HOME PHONE		
EMAIL		FAX		
HOME ADDRESS				
CITY	STATE	ZIP	COUNTRY	
ALA MEMBERSHIP NUMBER SEND ALA MAIL TO: HOME To ensure you receive timely a only the types of information y	– nd useful information fror	n ALA units and	☐ HOME ☐ WORK carefully screened outside organition preferences.	iizations, and that you receive
OK TO RECEIVE COMMUNICATIONS	FROM: ALA AND OUTSI	DE ORGANIZATION	NS JUST ALA OFFICIAL	
PLEASE CHOOSE A FORMAT:	EMAIL PAPER EITHEF	3		
PAYMENT INFORMATION				
CHECK ENCLOSED FOR \$				
CHARGE MY DUES OF \$	то:	VISA MASTER	RCARD AMERICAN EXPRESS	
CARD NUMBER			EXPIRA	TION DATE
NAME ON CREDIT CARD		SIGNA	ATURE	

FOR INQUIRIES 800.545.2433

EMAIL

312.944.2641

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