



2008 Membership Application/Renewal Form

NAME: _____

AGENCY: _____

TITLE: _____

ADDRESS FOR CORRESPONDENCE TO BE SENT:

E-MAIL FOR CORRESPONDENCE TO BE SENT:

PHONE NUMBER: _____

_____ NEW APPLICATION _____ RENEWAL

_____ ACTIVE MEMBERSHIP (\$25.00) _____ ASSOCIATE MEMBERSHIP (\$15.00)

Please return completed form with payment by February 28, 2008

**P.O. Box 232206
Anchorage, AK 99523**