

MEMBERSHIP APPLICATION: American Latex Allergy Association

Complete the following information and Mail to: American Latex Allergy Association
P O Box 198
Slinger, WI 53086

NAME _____ (PLEASE PRINT)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____ OCCUPATION _____

PHONE (Day) _____ (Evening) _____

E-MAIL ADDRESS _____ FAX _____

MEMBERSHIP CATEGORIES

FEE (All fees American \$)

BASIC.....\$ 25.00

PROFESSIONAL.....\$ 75.00

INTERNATIONAL /BASIC.....\$ 35.00

INTERNATIONAL / PROFESSIONAL.....\$ 85.00

DISABILITY SCHOLARSHIP.....Free (Please send a letter of request along with this membership form)

TOTAL.....\$ _____

PAYMENT METHOD: *CHECK* (enclose with application) *CREDIT CARD* (complete information below)

CREDIT CARD INFORMATION:

Credit Card Number _____ VISA / MASTERCARD (CIRCLE ONE)

Credit Card Expiration Date (Month) _____ (Year) _____ Security-code _____ (3 digets on the back of card)

Signature _____

All Donations and Memberships are Tax Deductible