



2010 ASLTA Annual Chapter Affiliation
PO Box 92445
Rochester, NY 14692-9998

2010 & 2011 Annual Chapter Fee

PLEASE PRINT CLEARLY!

Chapter's Information:

_____ Since what year? _____
President: _____ Term: _____ to _____
Address: _____

Contact Person's Name and Email Address

(This is for the ASLTA Chapter Affiliation Chair to use for distribution of information, communication, Chapter News in the ASLTA's quarterly newsletter, etc. This email will not be shared with third parties)

Name: _____
_____ @ _____

Vice-President: _____

Secretary: _____

Treasurer: _____

PDC: _____

Other(s): _____

URL (if any): _____

Annual Chapter Fee: \$ _____ (2010) (\$35)
\$ _____ (2011) (\$35)

Donation: \$ _____

For office use only:
Thank you letter sent _____

TOTAL: \$ _____

Be sure to visit our webpage often: www.aslta.org

For office use only:	
_____ Secretary	Date rec'd _____
_____ Treasurer	Check nbr _____
_____ Chapter Liaison	Card sent _____