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# Membership Application

Date of Application: \_\_\_\_\_

## General Member Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

List in Membership Directory?      Yes      No

Who referred you to ALSN? \_\_\_\_\_

## Select Membership Level:

**1 Year Individual Membership - \$150.00 (USD)**  
Subscription period: 1 year  
No automatically recurring payments  
Includes JONA subscription and monthly ALSN newsletter.

**2 Year Individual Membership - \$250.00 (USD)**  
Subscription period: 2 years  
No automatically recurring payments  
Includes JONA subscription, monthly ALSN newsletter  
and you save \$50 pay joining or renewing for 2 years!

**Lifetime Member - \$1,000.00 (USD)**

Subscription period: Unlimited

**Organizational Membership-1 Year - \$495.00 (USD)**

Bundle (up to 3 members)

Subscription period: 1 year

No automatically recurring payments

Three individual membership with full benefits (including JONA).

Company advertised on website and throughout ALSN events and publications, monthly ALSN newsletter, voting privileges, discounted registration to INARC.

**Organizational Membership-2 Year - \$895.00 (USD)**

Bundle (up to 3 members)

Subscription period: 2 years

No automatically recurring payments

Three individual membership with full benefits (including JONA).

Company advertised on website and throughout ALSN events and publications, monthly ALSN newsletter, voting privileges, discounted registration to INARC.

**Retired Member - \$75.00 (USD)**

Subscription period: 1 year

No automatically recurring payments

At least 66 years of age and working no more than part time.

## Payment Method:

(Make all checks payable to ALSN)

Check enclosed: \$ \_\_\_\_\_

Credit Card:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder (name printed on card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail to: ALSN  
2510 Jolly Rd., Suite 110  
Okemos, MI 48864

Tax ID: 58-1629916