Membership Affiliation Form Individual Member



 $Advocacy \cdot Training \cdot Resources \cdot Networking$

☐ YES ! I want to join the Allia cocurricular student activities.	nce for Student Act	tivities in its effort to promote the value of
Name		
City	State	Zip Code
Activity(ies) affiliated with and posi-		
Type of Membership ☐ Individual (\$45) Level of affiliation: ○ Middle Level ○ High School	Code: _	ne Association Affiliate discount (-\$10) e code from your Alliance-affiliated association)
- ·		urchase orders as payment. We encourage mem- l year, although your renewal date will be based
or CHARGE MY CREDIT CARD O American Express O MasterCa	CLOSED Payable in U urd O Visa	U.S. funds to: Alliance for Student Activities Exp. Date
		1
City	State	Zip Code
Signature		

www. Alliance 4 Student Activities. org