

Atlanta Area AOSA Membership Form 2015-2016

Please fill out form completely

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Position/Grade Level _____

School/Church _____

School System or County _____

Are you a full time college/graduate student? YES NO What college? _____

Workshops Registration

(Please check appropriate lines and total at the bottom)

_____ **2015-16 Workshop Series** **\$80**

(Includes Local Membership Dues – Renewal _____ First Time _____)

*Best Deal – Local Membership Dues plus all 5 workshops listed below!

***IMPORTANT: Are you a member of National AOSA? YES NO**

Membership Number _____

Individual Workshops

_____ September 12, 2015 – Thom Borden **\$20**

_____ October 24, 2015 – Robert Amchin **\$20**

_____ February 27, 2016 – Chris Judah-Lauder **\$20**

_____ March 19, 2016 – Lisa Hewitt **\$20**

_____ April 30, 2016 – Chapter Share Session **\$20**

_____ **Local Membership Only (Renewal _____ First Time _____)** **\$20**

Total Money Enclosed _____

Make checks payable to Atlanta Area AOSA and send form/payment to:

Linda McCampbell
3885 Hunters Chase SW
Conyers, GA 30094

www.atlantaorff.org

Treasurer Use Only:

Rec _____

Cash _____ Check _____