



Membership Application: Year 2_____

Please complete this form and return it to the address below to enjoy the benefits of TRBAALAS membership.

Membership Type: *[Choose one below]*

New Member Renewing Member

[Choose one below]

Individual Membership (\$15.00/yr.)

Institutional Membership (\$50.00/yr.) - includes two (2) individual memberships, plus business card placement in the newsletters for one of the company's representatives. Please submit an additional application for the 2nd individual and submit both with your payment.

Member Information:

Name: _____ Title/Position: _____

Ntl. AALAS Member # (provide if known. AALAS membership is not a requirement for TRBAALAS membership): _____

Company/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

AALAS Certification: ALAT LAT LATG CMAR RVT Other _____

Membership Preferences:

(All organization communication is via email)

Email me branch newsletters: Yes No

Would you like to be included in the TRBAALAS Directory? *[Choose one below]*

Yes (Name/ Address/ Ph/ Email) Yes (Name/ Title /Email only) Yes (Name only) No

I am interested in serving on the following committee(s):

Awards Nominations Education Membership Program Newsletter TBR

For TRBAALAS Use:

Received by (member): _____

Date received: _____ Dues Received: \$ _____ Cash Check (# _____)

Dues applied to membership year(s): _____

Make check payable to **TRBAALAS**.

Return completed application and dues to: **TRBAALAS, c/o Dennis Heflin, 1872 Redcoach Rd. Allison Park, PA 15101.**