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## AFFILIATE MEMBERSHIP APPLICATION

### January - December

NAME \_\_\_\_\_

ORGANIZATION OR BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WEB SITE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

\_\_\_\_\_ **MEMBERSHIP DUES ARE \$150 PER YEAR, COLLECTED ANNUALLY, JANUARY – DECEMBER. DUES FOR NEW MEMBERS ARE PRO-RATED MONTHLY.**

DATE \_\_\_\_\_