

ATHA Application Renewal Form

Please make your check payable to ATHA [US \$26 or Canada \$28 in US funds] [Overseas \$24 PLUS Postage] and send renewal and funds to:

Joan Cahill, Membership Chairman
600 ½ Maple Street
Endicott NY 13760

Your renewal date is the last number at the top of your mailing label of our magazine. Please take note for future renewals.

Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____

email _____

Check one:

Yes, you may publish my email address in the ATHA membership directory.

No, you may not publish my email address in the ATHA membership directory

Circle All That Apply:

- | | | | |
|----|------------|----------|---------|
| 1. | Student | Supplier | Teacher |
| 2. | New Member | | Renewal |

Date Paid: _____

What Chapter(s) do you belong to? _____

Privacy Notice: ATHA uses email and street addresses only for ATHA business.

The rates were increased as of February 1, 2008