ATHA
Association of Traditional Hooking Artists

ANNUAL CHAPTER MEMBERSHIP FORM
DUE DATE – MARCH 1

CHAPTER NAME_____ **REGION** _____**STATE**_____

DATE _____ **NO# OF MEMBERS**_____ **Has meeting information changed? Y N**

If Y, list change(s) _____

_____

_____

OFFICERS (Attach list, or write below- Include name, email address and phone)

PRESIDENT

_____

VICE -PRESIDENT

_____

SECRETARY

_____

TREASURER

_____

Attach list of additional members, or write below (include name, email and phone #)

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_____(Continue on back, if handwritten)_____

Please email a copy to your Regional Representative and to the Regional Coordinator. (Contact info for the Regional Representative & Regional Coordinator is in the front of the ATHA magazine or on the ATHA website.)