



## MEMBERSHIP FORM

Yearly dues of \$10.00 entitles you to receive our newsletter and access to the members area of our website ([www.aalso.org](http://www.aalso.org)). Please fill out the information below and mail this form with a check made payable to AALS O

Send to:

AALS O  
P.O. Box 690067  
Orlando, Florida 32869-0067

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Facility Name \_\_\_\_\_

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Position \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Facility Website \_\_\_\_\_

Payment Information: Check # \_\_\_\_\_ Amount \_\_\_\_\_