MEMBERSHIP APPLICATION

NAME: _____

MAILING
ADDRESS: _____

_____

PHONE: _(_____)_____

EMAIL: _____

Circle as appropriate: Student Supplier Teacher New

Member Renewal Other

Dues: $33.00 ($26 National, $7 Regional)
Canadian $35.00 ($28 National, $7 Regional)

Please send check in US funds with completed form payable to ATHA
Mail to: Dana Rea, Treasurer
ATHA Region 11
40800 NE 44th
La Center, WA 98629
360-581903-7424

We will forward your national dues to the National ATHA membership chair.