

MEMBERSHIP APPLICATION

NAME: _____

MAILING
ADDRESS: _____

PHONE: _(_____) _____

EMAIL: _____

Check one

_____ New or Renewing Member _____ Vendor/Supplier _____ Teacher

I'm OK with having my contact information in the ATHA Region 11 directory*

(check one)

___ yes ___ no

*Participation in the directory is encouraged to aid regional communication of events. Membership Directory information will not be sold to third parties. Vendors who are members are asked to refrain from using the directory for marketing purposes. At the ATHA Region XI Board's discretion, directory information may be shared with ATHA Region XI event organizers for outreach purposes.

Dues: \$39.00 (\$32 National, \$7 Regional)

Canadian \$41.00 (\$34 National, \$7 Regional)

Please send check in US funds with completed form payable to ATHA

Mail to: Kimberly Severns, Treasurer

ATHA Region 11

219 SUNRISE RIM RD, NAMPA, ID 83686.

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