



MEMBERSHIP FORM

(PLEASE PRINT)

8038 MacIntosh Lane
Rockford, IL 61107

Name _____ Address _____
 City, State _____ Zip Code _____ Country _____
 Phone numbers (home/work) _____
 TTY: _____ CapTel: _____
 Voice: _____ Cell: _____
 E-mail: _____ Other: _____

Memberships (in U.S. dollars)

Individual: \$20 (62 years or older \$15) Business/Agency/Organizations: \$40

Membership Directory (please check) Yes!
Please list me in the membership directory Signature: _____

_____ Individual Dues \$20 (62 years or older) \$15
 _____ Business/Agency/Organization Dues: \$40
 _____ Donations (Tax deductible)
 _____ I am enclosing \$10.00 for an ALDA, Inc. Membership Directory
 _____ Total Amount Enclosed

If playing by check or money order, **payment must be in U. S. funds and drawn on a U.S. bank.**

If paying by credit card, please complete the section below:

Amount \$ _____ Master Card/Visa
 Account # _____
 Exp. Date _____
 Signature: _____

Please make checks payable to:
ALDA, Inc 8038 MacIntosh Lane Rockford, IL 61107

Thank You