(Renew/Join) ALDA Membership Form

****

Section 1.* (Please check one) [ ] Personal Membership] [ ] Gift Membership] [ ] Business Membership

Your First Name: _____ Your Last Name: _____

Your Address: _____

Your City: _____ Your State: _____

Your Zip / Postal Code: _____ Your Country: _____

Your Phone: _____ Check Here If Phone Is "Text Only" [ ]

Your E-mail Address: _____

Section 2. * Type of Membership (Please check one)

[ ] Regular Membership (61 and under) $30 [ ] Senior Membership (62 or over) $25

[ ] Veterans Membership $25 [ ] Business Membership $50

Lifetime Membership: [ ] Gold $3000 [ ] Silver $1500 [ ] Bronze $500

[ ] Donation Only (No Membership Selected)

****

Section 3. (Complete this section only if this is a GIFT MEMBERSHIP)

Recipient's First Name:_____ Recipient's Last Name: _____

Recipient's Address: _____

Recipient's City: _____Recipient's State: _____

Recipient's Recipient's Zip / Postal Code: _____Recipient's Country: _____

Recipient's Phone: _____ Check Here If Phone Is "Text Only" [ ]

Recipient's E-mail Address: _____

****

Section 4. (Complete this section only if this is a BUSINESS MEMBERSHIP)

Business/Company Name: _____

Business/Company Website (If Any) Address (URL): _____

****

Section 5. * Payment Due

Membership Fee: _____

Tax Deductible Donation: _____

Total Payment Due: _____

Print this form, include a check or money order, and mail to:

ALDA, Inc 8038 MacIntosh Lane, Suite 2 Rockford, Illinois 61107-5336

****

Note # 1: You must complete a separate form for each person who is renewing their membership or joining ALDA. You cannot submit multiple memberships on one form.

Note # 2: If you wish to use a credit card for membership payment, you must do so by visiting www.alda.org and clicking on the "RENEW YOUR MEMBERSHIP OR JOIN ALDA" button.

Note # 3: If you are a member of a local ALDA Chapter, there is a discount for a "Regular Membership" if your membership fee is paid by the treasurer of your local ALDA Chapter (discounted fee = $25). So, if you are a member of a local ALDA Chapter, please provide the name of that Chapter below, give your Chapter treasurer this completed form, and ask him/her to handle your payment.

Local ALDA Chapter Name:_____

---

* Required Section Revised 04/12/2017