

Submit Membership Directory Information

Fill-out the following information for the Membership Directory

Handle _____

First Name _____

Middle Name _____

Last Name _____

Title _____

Department _____

University or Organization _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____

Phone _____ FAX _____

E-Mail _____

Check if you absolutely do not use E-Mail:

Return to: (via mail, fax or email form; mail check for dues)

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