



ALUMNI SOCIETY

Membership Form & Invoice

Please provide your preferred contact information:

Name: _____
Phone: _____
E-mail Address: _____
Address: _____

Please Identify Your Expertise:

Primary:

Secondary: _____

Are you interested in serving on an ASTHO committee in your area of expertise? Yes___ No___

DESCRIPTION	AMOUNT
ASTHO Alumni Society Membership Dues	\$100.00

Make all checks payable to ASTHO or complete the following information to pay by credit card:

- ☐ Visa/MasterCard
☐ American Express

Account #: _____
Expiration Date: _____
Card Holder's Name: _____
Billing Address: _____

Please submit this form and your payment to:

ASTHO Alumni Society
Attn: Ramon Bonzon
2231 Crystal Drive, Suite 450
Arlington, VA 22202
Phone: 202-371-9090
Fax: 572-527-3189
E-mail: rbonzon@astho.org