



ALUMNI SOCIETY

Membership Form & Invoice

Please provide your preferred contact information:

Name: _____

Phone: _____

E-mail Address: _____

Address: _____

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

Please Identify Your Expertise:

Primary: _____

Secondary: _____

DESCRIPTION	AMOUNT
2018/2019 ASTHO Alumni Society Membership Dues (September 1, 2018 through August 31, 2019)	\$100.00

Checks should be made payable to ASTHO.

To pay by credit card, please complete the following information:

- Visa/MasterCard
- American Express

Credit Card #: _____ Expiration Date: _____

Card Holder's Name: _____

Billing Address: _____

Please submit this form and your payment to:

ASTHO Alumni Society
 Attn: Koumedia Sissoko
 2231 Crystal Drive, Suite 450
 Arlington, VA 22202
 Phone: 202-371-9090
 Fax: 571-527-3189
 E-mail: ExecutiveOffice@astho.org