

IAALV 2009 MEMBERSHIP FORM

Full Name: _____
(First) (Last)

Membership \$45.00

Address: _____

Charity _____

City: _____ State: _____ Zip: _____

Sound Donation _____

Home Phone: _____

Total Paid _____

Email: _____

Membership year is same as the calendar year

Name of spouse: _____

Make check payable to:
IAALV

Children: Name/Age _____

Name/Age _____

Name/Age _____

Mail to:
PO BOX 3575
Allentown, PA 18106-0575

I would like to take part in IAALV activities:

Committee Programs Call me