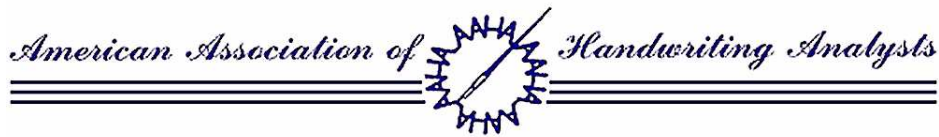


NOTICE: We would like **ALL** members (including Life Members) to fill out a renewal form so that we can be assured that all our data is current. This includes checking all the appropriate boxes.



2010 Annual Renewal Due Jan. 31, 2010. Add \$5.00 if not received by Jan. 31, 2010

Send form & dues to:

AAHA Treasurer, Jane O'Brien
4143 Lorna Court SE
Lacey WA 98503

aahatreasjane@aol.com

Phone: 360-455-4551

➤ **Life Member?** If yes, check here:

!! IMPORTANT !! May we include your information in our Membership Directory? Yes No

Attention ALL Members: To update our records, please Print clearly or use an address label. If you have any changes before the next renewal please notify the Membership Chair ASAP

Name: _____

Address: _____

Phone: _____

E-mail: _____

I wish to receive the DIALOGUE by e-mail. Yes No

I wish to receive the 2011 AAHA Renewal form by e-mail. Yes No

- | | | | |
|--|------|--------|-------|
| <input type="checkbox"/> Affiliate Membership | (AF) | \$ 50 | _____ |
| <input type="checkbox"/> Associate Membership | (A) | \$ 50 | _____ |
| <input type="checkbox"/> Certified Membership | (C) | \$ 50 | _____ |
| <input type="checkbox"/> Life Membership | (L) | \$500 | _____ |
| (Payable over 2 years) | | | |
| <input type="checkbox"/> Additional Family Members | | ½ dues | _____ |
| * International Postage (even if Life Member) | | \$ 20 | _____ |
| * Canadian Postage (even if Life Member) | | \$ 12 | _____ |
| Reinstatement Fee (after Jan. 31, 2010) | | \$ 5 | _____ |

Total Due: _____

* Waived if all correspondence and Dialogue received by email.

Please send checks payable to AAHA in US funds to the address above or indicate charge information.

Type of Card (AAHA accepts only): _____ Visa _____ MasterCard

Name on Card: (please print clearly) _____

Card Number: _____ **Expiration Date:** _____

OFFICE USE ONLY – Approval Number: _____

Signature: _____

Questions? Contact AAHA Membership Chairperson at

Dolly Larimore
aahamembership@gmail.com
Phone: 575-894-0693