

CTSAA MEMBERSHIP APPLICATION FORM

CTS Alumni Association, Post Office Box 3441, Huntsville, Alabama 35810

APPLICANT INFORMATION [please print clearly]			
Name:	Last	First	
Mailing Address:			
City:	State:	Zip Code:	
Preferred Email Address:		Contact Phone:	
EMPLOYMENT INFORMATION			
Current Employer:			
Business Phone:		Work Email:	
MEMBERSHIP INFORMATION			
Type of Membership:	<input type="checkbox"/> New <input type="checkbox"/> Renewal — Membership Number: _____		CLASS YEAR: _____
<input type="checkbox"/> Regular Member - \$50	<input type="checkbox"/> Associate Member - \$40	<input type="checkbox"/> Corporate Member - \$100	<input type="checkbox"/> At-Large Member (Non-paying)
Signature of applicant:		Date:	
METHOD OF PAYMENT:			
Amount: Paid \$ _____		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">FOR OFFICIAL USE ONLY</p> <p>Authorization # _____</p> <p>Processed by: _____</p> <p>Membership Number _____</p> </div>	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order			
Please make check payable to: CTS Alumni Association			