



MEMBERSHIP & PRECONFERENCE REGISTRATION FORM

CONTACT INFORMATION

Name	
Institution	
Department	
Mailing Address	
E-Mail	
Phone	

Membership	<input type="checkbox"/> \$10 Faculty/Practitioner <input type="checkbox"/> \$5 Grad Student <input type="checkbox"/> \$0 Undergraduate	\$
Precon Registration	<input type="checkbox"/> \$10 Faculty/Practitioner <input type="checkbox"/> \$5 Grad Student <input type="checkbox"/> \$0 Undergraduate	\$
<input type="checkbox"/> I would like to donate this amount to defray costs of conferences and mailings:		\$
Enter total at right; make checks payable to "ARST"		\$

Mail to: William J. White, ARST Treasurer, 3000 Ivyside Park, Altoona PA 16601

R E C E I P T MEMBERSHIP & PRECONFERENCE REGISTRATION



Name:

Date:

Amount:

ARST Signature: