

Membership Form

NAME: _____

SCHOOL/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PREFERRED PHONE: _____

Membership Categories (check one)

_____ Board Member, \$20

_____ Member at Large, \$20

_____ Friends of OAAE (non-voting)

_____ Organizational, \$50

_____ Corporate: _____ \$100 _____ \$250 _____ \$1,000 _____ \$5,000 _____ \$10,000

