



Member No. _____

Erik B. Angelone, Ph.D., Secretary-Treasurer
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Application for 2008-2009 Membership

PLEASE PRINT OR TYPE

Title (check one): Dr. Mr. Mrs. Ms. Other _____

First Name _____ Last Name _____

School/Institution Name: _____

School/Institution Address: _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Home Address: _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ E-Mail: _____ @ _____

Payment in US dollars is enclosed:

\$70.00 (regular individual membership, expires 31 March 2010)

\$30.00 (student membership, expires 31 March 2010)

Student members only:

School/Institution Name: _____

Major field: _____ Advisor Name: _____

Expected degree: _____ Year of expected graduation: _____

Mail to: ATISA
c/o Erik Angelone
Kent State University
MCLS, Satterfield Hall 109
Kent, OH 44242 USA

You will receive a confirmation of receipt by e-mail. Please contact the Secretary-Treasurer if you have any questions or comments.