

AzALL Membership Application

New Member **Renewing Member**

Date		
Name		
Title		
Organization		
Address		
City, State, Zip		
E-Mail Address		
Phone		Fax
Membership Category		AALL Member <input type="checkbox"/> yes <input type="checkbox"/> no

Institutional Members/Designated Members:

Name and Title	Phone	Fax	E-mail	AALL
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Agreement and Signature

Number of memberships paid Amount enclosed

Signature	
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You will automatically be subscribed to the AzALL listserv unless you check this box.

Make all checks payable to AzALL, and mail to:

Leslie A. Pardo
 AzALL Membership Chair
 ASU Ross-Blakley Law Library
 P.O. Box 877806
 Tempe AZ 85287-7806

Federal Tax ID # 86-0586726