

ATA Alaska

Professional or Allied Affiliate Membership Application

Professional Affiliate: _____ Allied Affiliate: _____ Date: _____

Name: _____ New: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Website/URL: <http://> _____

Please return a copy of this application and \$250 for your annual dues payment to:

**AIA Alaska
Affiliate Membership
PO Box 244141
Anchorage, Alaska 99524**

**Questions? Contact Angie Monteleone, Executive Director
at (907) 276-2834, or by e-mail at amonteleone@aiaalaska.org**