

ANDERSON SERVICES ASSOCIATION



www.andersonservicesassociation.org

Linking Community Agencies

MEMBERSHIP APPLICATION

September 1, 2011 - August 31, 2012

www.andersonservicesassociation.org

_____ \$15.00 Organization membership

Name : _____

Agency Name: _____

Mailing address: _____

City, State, Zip Code: _____

Phone Number: _____

E-mail address/es for monthly meeting notices and ASA grapevine notices: (Please send only NEW e-mails or e-mail CORRECTIONS; print clearly. If you are already receiving a monthly meeting notice by e-mail, do NOT list here):

If you are being notified by postcard, only one will be mailed per organization, so please pass the card to others as appropriate.

Make checks payable to ASA

Mail to:

ASA
PO Box 4373
Anderson, SC 29622

Would you be interested in serving as an officer next year? ___ Yes ___ No

Would you be interested in hosting a meeting for your organization? ___ Yes ___ No

Date Received (Treasurer to fill in): _____