



NYS ATSA
PO Box 3117
Albany, New York
12203-3117

www.nysatsa.com

NYS ATSA Membership Form

Date:

Name:
Title:
Organization:
Address:
City/State:
Zip Code:

Phone:
Fax:
Email Address:

Yes, I am currently a student member in good standing with National ATSA and would like to join NYS ATSA as a student member. I am including a check for \$20 made payable to **NYS ATSA**.
(please include proof that you are a half-time student)

Yes, I am currently a member in good standing with National ATSA and would like to join NYS ATSA. I am including a check for \$35 made payable to **NYS ATSA**.

I am already a student member of NYS ATSA and would like to renew my 1-year student membership. I am currently a student member in good standing with National ATSA. I am including a check for \$20 made payable to **NYS ATSA**.
(please include proof that you are a half-time student)

I am already a member of NYS ATSA and would like to renew my 1-year membership. I am currently a member in good standing with National ATSA. I am including a check for \$35 made payable to **NYS ATSA**.

Comments: