



NYS ATSA  
| PO Box 6815  
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: