

Atlanta Area AOSA Membership Form 2009-2010

Please fill out form completely

Name _____

Address _____

City _____ State _____

Zip _____ Phone Number _____

_____ Check here if you do NOT want your information in the chapter directory.

E-mail _____

Position _____ Age/Grade Level _____

School/Church _____

School System or County _____

IMPORTANT: Are you a member of National AOSA? YES NO (circle one)

Workshops Registration

(Please check appropriate lines and total at the bottom)

_____ **2009-10 Workshop Series** **\$75**

(Includes Local Membership Dues – Renewal _____ First Time _____)

*Best Deal – Local Membership Dues plus all 5 workshops listed below!

Individual Workshops

_____ September 10, 2009 – Deanna Stark **\$20**

_____ October 17, 2009 – Jos Wuytack **\$20**

_____ February 6, 2010 – Dena Byers **\$20**

_____ March 6, 2010-Atlanta Area Chapter Sharing **\$20**

_____ April 17, 2010 – Rhonda Tucker **\$20**

_____ **Local Membership Only (Renewal _____ First Time _____) \$15**

Total Money Enclosed _____

Make checks payable to Atlanta Area AOSA and send form/payment to:

Linda McCampbell
3885 Hunters Chase SW
Conyers, GA 30094