

MEMBERSHIP/DONATION FORM

☐ New Mo	ember Renew	al Life	Donation Only	
How did you hear about us?	Friends Fa	cebook \square	Web Search Othe	r
Printed full name:		Maiden Name:		
Address:Street or Box				
Telephone: Email:				
u	Educator	Student	Other	
\$25 for 1-year dues			\$	
\$45 for 2 years dues			\$	
Donation to the AOSHS Operating Fund		Fund	\$	
Please visit our we	ebsite at www.aosh to access our men	_	ick directly on "Quar wsletter.	terly"
Credit Card _			Expires	/
Security Code	Zip Code		VISA	DISCOVER HETAZIO
Name on credit card				
	(Make check/money of	order payable to		
Signature: Date:				
Mail to: AOSHS 704 W. Douglas Ave Wichita, KS 67203-6104 THANK YOU!				
	OFFICE	USE ONLY		
Date Received			tegory	
Dues Renewal Date/	_/20		: Database	
Letter of Receipt Sent				