

## Membership Form 2024

ALAIR offers two types of memberships to accommodate the reimbursement policies of all postsecondary institutions in the state of Alabama. Please choose the ALAIR membership that works best for your organization. For conference attendance, two completed forms are required; the Conference Registrations Form, as well as this Membership Form.

INICATITUTION					
INSTITUTION NAME	STITUTION NAME		NEW MEMBER		RENEWAL
CONTACT NAME		TELEPHONE			
MAILING ADDRESS		FAX NUMBER			
CITY, ST & ZIP		CONTACT EMAIL			
TION 2: Membership Fees					
	DESCRIPTION		FEES	Please Check	AMOUNT
INSTITUTION MEMBERSHIP	Institutional Membership offers a cost-effective from the date of the annual ALAIR Coannual ALAIR Conference.	ganization. This membership is	\$100		
	Please list anticipated ALAIR Conf	erence attendees below			
INDIVIDUAL MEMBERSHIP	<b>Individual Membership</b> provides profession institution's employees. This membership is annual ALAIR Conference through to the next a	s effective from the date of the	\$25		
	Individual's Name:				
	Complete a separate form for each	n Individual Membership			
PAYMENT METHOD	Purchase Order	Check	TOTAL DUE:		
PLEASE MAKE CHECKS PAYABLE TO: ALAIR	ALAIR Treasurer Mailing Address:  Ms.Tish Worthington, University of Alabama, Institutional Research & Assessment, Box 870166, Tuscaloosa, AL 35487-0166; Phone: (205) 348-7206  Fax: (205) 348-7208 / email: <a href="mailto:lworthington@ua.edu">lworthington@ua.edu</a>		Please include your Conference Registration form(s)		
Please list the employe	es that you anticipate will register for	the ALAIR Conference th	is year:		
Employee Name		Employee Email Add	dress Emple		yee Phone