

# AADAS Membership

Individual	\$25 per year _____
Couple	\$40 per year _____
Student	\$15 per year _____
Institution	\$25 per year _____

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City \_\_\_\_\_

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Zip/Postal code \_\_\_\_\_

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Make check payable to AADAS (or send cash carefully concealed).

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AADAS

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