

# Membership Application



Initial application \_\_\_\_\_ OR Renewal \_\_\_\_\_

## A. MEMBER INFORMATION

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## B. ANNUAL MEMBERSHIP DUES (check appropriate category):

\_\_\_\_\_ Individual: \$60

\_\_\_\_\_ Business: \$150 for first member; \$50 for each additional member

\_\_\_\_\_ Student: \$30

## C. PAYMENT INFORMATION

**Check** (payable to ARCSA)     **Credit Card** ( Visa,  MC,  Amex,  DISC)  
(This is a:  personal card  business card)

\$ \_\_\_\_\_

Amount to be charged

Credit Card Number

Exp. Date

3-Digit V-Code (on back of card)

Cardholder's Name

Billing Address

City, State, Zip

**MAIL** form to ARCSA, 919 Congress Ave., Suite 460, Austin, TX 78701 **OR**  
**FAX** form to 512.477.9490.                      Questions? Call us at 512.477.5445.