

Associate Membership

This form must be accompanied by payment (check or credit card) in order to be processed for membership.

___ Yes I want to become an Associate Member and add my voice to the more than 15,000 members of AFSA.

Name _____

Address _____

E-mail _____

Home phone _____

Work phone _____

Fax _____

Rates

Associate Membership	
Annual Dues Rate (2011)	\$102.75

Please return this application with your check or credit card payment to the address below. The application may also be scanned and e-mailed as an attachment to member@afsa.org.

American Foreign Service Association
PO Box 98026
Washington, DC 20077-7093

Credit Card Information: Visa MasterCard \$ _____

Name as it appears on card _____

Credit Card # _____ Exp. date _____

Signature _____

Tell me more about the following AFSA benefits:

- AFSA's Speakers Bureau
- AFSA speaker events and book notes programs
- Writing for the *Foreign Service Journal*
- AFSA Insurance Programs
- Long-Term Health Care
- Accident
- Dental
- Professional Liability
- Other _____