



VENDOR MEMBERSHIP FORM

Yearly dues of \$100.00 entitles your company and up to 5 employees to receive our newsletter and access to the members area of our website (www.aalso.org). Please fill out the information below and mail this form with a check made payable to AALSO

Send to: AALSO
P.O. Box 690067
Orlando, Florida 32869-0067

Please print or type

Company Name _____

Primary Contact Representative:

First _____ M.I. _____ Last _____

Phone # _____ Fax # _____ Email _____

Street _____ City _____ State _____ Zip _____

Current Position _____

Second Contact Representative

First _____ M.I. _____ Last _____

Phone # _____ Fax # _____ Email _____

Street _____ City _____ State _____ Zip _____

Current Position _____

Payment Information: Check # _____ Amount _____