



Atlanta Quality Assurance Association

Individual Membership Application

Name: _____ Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone-Day: _____ Night: _____ Fax: _____

Email : _____

Are you currently a CQA? ____ Yes ____ No a CSTE? ____ Yes ____ No

Would you like to receive the monthly AQAA Newsletter by Email? ____ Yes ____ No

The membership term runs from the date the application is received through the same date the following year. AQAA participation earns CE credits toward CQA and CSTE designation. AQAA Individual Member fee is \$60.00. Three or more Individual Memberships purchased at the same time are \$60.00 each.

Enclosed is a check for \$ _____

Make checks payable to AQAA and mail to:

AQAA
PO Box 889154
Atlanta, GA 30356

If you would like to help AQAA grow, and have fun at the same time, indicate the committee(s) you would like to serve. CQAs and CSTEs, remember that continuing education credits are earned through committee participation.

_____ Speaker _____ Greeting Committee _____ Webmaster
_____ Membership Committee _____ Newsletter _____ Treasurer
_____ Public Relations _____ Program Chair _____ Special Events

Would you like to be included in the next publication of the AQAA Membership Directory?
_____ Yes _____ No

If yes, please provide brief comments, which can be included to facilitate networking.

Signature: _____ Date: _____