MEMBERSHIP RENEWAL



Date:				
First Name:	Last Name:			
Name of Spouse/Significant Other:			_ (if applicable)	
Company Name or Educational Institution:		(if appli	(if applicable)	
Address:	City:	State	Zip	
Home Tel:	Mobile:			
Work Tel:	Email:			
Area/s of Interest: Check a	ll that apply. Literature	□ Visual Arts		
Are you willing to serve on a If yes, please indicate which	•			
☐ Dance ☐ Drama ☐ Lit	erature 🗆 Music 🗆 Musical Theatre			
☐ Visual Arts ☐ Membersl	nip □Events/Programs			
Membership Fees: Please s	elect your preferred membership category.			
☐ Single: for one individua	;\$90 annual dues*			
☐ Couple: for two people –	spouse/significant other; \$140 annual dues	*		
☐ Student: for someone re	gistered in an educational institution or arts	study program; \$25 ann	ual dues	
*Includes national member.	ship			
Total Payment: \$				
Please complete and return	with your check payable to NSAL AZ.			
NSAL- Greater Arizona Chap	oter			

NSAL- Greater Arizona Chapter Anne C. White, President 14245 N. 23rd St. Phoenix, AZ 85022