

**American Irish Teachers Association
Membership Form**

Regular & Associate \$15 [] Family (2) \$25 [] New Address []

First Name: _____ M.I. _____

Last Name: _____

Affil / Company (if not to home): _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Enclosed is my check for: _____

Applicable Years: _____

Please contact Doris Marie Meyer at Dorismeyer@aol.com for mailing instructions.