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# CHARLESTON CHAPTER

P.O. Box 2904  
Charleston, WV 25330

## New Membership Application

### Name & Mailing Address

Name: **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

Address: **Street:** \_\_\_\_\_ **Apt/Suite#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**ZIP Code:** \_\_\_\_\_

Phone: **Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### Business Information

**Job Title:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

### Membership Data/Dues

Membership in Charleston Chapter of AGA requires membership in the National AGA.  
Annual Membership dues are \$10.00 for active members, or \$5.00 for student members.

National AGA membership #: \_\_\_\_\_

### Type of AGA Charleston Chapter Membership:

Regular \_\_\_\_\_ Student: \_\_\_\_\_

Make Checks Payable to: AGA Charleston Chapter  
P.O. Box 2904  
Charleston, WV  
25330

Total Amount Enclosed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_