

# ALSITE Membership Drive

New Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Membership: \_\_\_\_\_ Member

\_\_\_\_\_ Affiliate Member

Sponsor Member: \_\_\_\_\_

Please send to:

Ken Cush, PE  
P.O. Box 1179  
Alexander City, AL 35010