



Arizona
Archives
Alliance

Membership Application/Renewal Form and Donor Form

Name _____

Address _____

City _____

State _____ ZIP _____

Work phone _____ Home phone _____

Email address _____

- ☐ Student (\$15)
- ☐ Individual (\$25)
- ☐ Patron (\$50)
- ☐ Retiree (\$15)
- ☐ Institutional (1-3 members) (\$65)
- ☐ Institutional (4+ members) (\$85)

All AZAA memberships are rolling, depending on when you join or renew.

- ☐ I would like to donate to AZAA \$ _____
- ☐ I would like to volunteer for AZAA.
- ☐ Please do not add my name to the AZAA directory or mailing list.

Send this form and a check payable to "Arizona Archives Alliance" to:

**Arizona Archives Alliance
P. O. Box 64532
Phoenix, Arizona 85082-4532**