

Allergists for Israel 2010 Membership Application Form

Name _____

Organization _____

Street Address _____

City _____

State _____

Zip _____

E-mail _____ Phone _____ Fax _____

Spouse/Partner's Name _____

Hobbies/Affiliations _____

Member since _____ Areas of interest _____

Please let us know what you are interested in seeing Allergists for Israel achieve. Your comments and suggestions will help us to improve our organization.

Our primary mode of communication will be e-mail since it is easy to use and inexpensive. Please let us know if you would rather be contacted via an alternate method. Phone Fax

2010 annual dues are \$118. Please include a check payable to ALLERGISTS FOR ISRAEL with your completed form or provide your credit card information below.

Visa MasterCard

Account number _____ Expiration date _____

Signature _____

For questions or comments, please contact Beth at afiadm@gmail.com
Please visit our website at: www.allergists4israel.org
Membership dues may be paid on line through Paypal by visiting our website

Thank you for taking the time to complete this form.
PLEASE MAIL OR FAX TO:

Randee Mansfield, Treasurer
Allergists for Israel
2121 Wyoming Ave., El Paso, TX 79903
PHONE 915-544-2557
FAX 915-544-1817