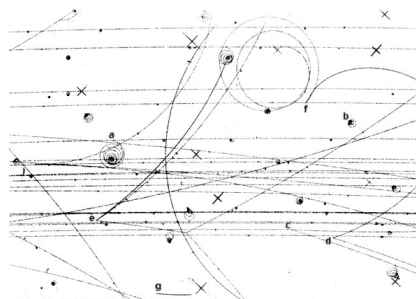




Advanced Laboratory Physics Association



Salutation: (Prof., Dr., Lord, Lady, *etc.*): \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

Department: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Area Code and Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current Memberships:  APS, division(s): \_\_\_\_\_

AAPT

Other, please specify: \_\_\_\_\_

**Please check *each* appropriate box:**

I want to become a member of ALPhA, and will contribute \$20.00 to the organization.

Enclosed is my ALPhA contribution (cash or check payable to "ALPhA")

I wish to be invoiced for my dues

(We will send you a receipt in either case by email. Check here  if you require a receipt sent by USPS)

I would be willing to help with some initiatives to support advanced lab instruction, serve on a task force and/or ad hoc committee. – Please feel free to specify: \_\_\_\_\_

What activities/support/etc. would you like to see this association provide? Please be as general or specific as you would like:

If you have any questions, comments or concerns, feel free to contact Gabe Spalding at 309-556-3004 or [gspalding@titan.iwu.edu](mailto:gspalding@titan.iwu.edu). Please return this form and contribution (if selected above) to: Steve Wonnell, JHU Physics/Astronomy Dept., 3400 N. Charles Street, Baltimore, MD 21218.