

FIRST	MI	LAST	RANK/TITLE
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
TELEPHONE	FAX (OPTIONAL)		DATE OF BIRTH mm/dd/yyyy
EMAIL		EMAIL #2 (OPTIONAL)	

If your email provider is a restrictive network (like .gov or .mil), you may want to provide a secondary, personal email address for backup communications.

PAYMENT INFORMATION (Make checks payable to: Association of Old Crows)

1 Year—\$45
 3 Years—\$115
 LIFE—\$500
 STUDENT—\$15
 RETIRED—\$15

AOC Educational Foundation Donation \$ _____

Payment (US dollars only) Check One: Check enclosed
 Visa MasterCard
 American Express

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Recruited by _____

Once you have finished adding your information please save the document to your computer and e-mail it to Blain Bekele - blain@crow.org

CONTACT AND MARKETING INFORMATION

By checking the appropriate box(es) below, you are authorizing the Association of Old Crows to use your contact information for the purposes of the following activities:

- | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> General AOC Correspondence | <input type="checkbox"/> US Conferences | <input type="checkbox"/> Professional Development Courses |
| <input type="checkbox"/> Virtual Series Webinars | <input type="checkbox"/> International Conferences | <input type="checkbox"/> Local Chapter & Special-Interest Group Correspondence |
| <input type="checkbox"/> AOC International Symposium & Convention | <input type="checkbox"/> Career Center Job Flash (featured industry-related job postings) | |