



Association of Latino Administrators
and Superintendents • Utah

MEMBERSHIP APPLICATION

Name: _____

Title: _____

School District/Organization: _____

Professional

Personal

Phone: _____

Email: _____

Mailing Address: _____

City, Zip: _____

Type of membership:

Individual - \$50

Student - \$10

School District-\$500

Method of Payment

Enclosing Check

Credit Card

Credit Card Information:

Visa/Master Card Number _____

Expiration Date _____ CVC Code _____

Billing Address _____

Name as printed on card _____

Signature _____

Mail to:

Patrick Garcia, Treasurer

ALAS-Utah

PO Box 17854

Salt Lake City, Utah 84117