International Radio and Television Society - AERho

Membership Application

IRTS-AERho, 420 Lexington Avenue, Suite 1714, New York, NY 10170-0101
Phone: (Toll Free) 1-877-TO-AERHO (1-877-862-3746) Fax: 212-867-6653

* The National Broadcasting Society-AERho (NBS-AERho) exists as a separate organization under the terms of the Affiliation Agreement with the IRTS Foundation, Inc. During the term of the Affiliation Agreement, NBS-AERho shall be known as IRTS-AERho and all members in good standing of NBS-AERho shall also be members of IRTS-AERho, a division of the IRTS Foundation, Inc.

* If student member dues expire in January - February - March or April -- Submit by March 1st.
* If student member dues expire in May - June - July or August -- Submit by July 1st.
* If student member dues expire in September-October-November or December--Submit by November 1st

Mr./Ms. _____ _____ _____
First MI Last

School or Chapter Affiliation: _____

Membership Categories: (Check One)	_____ New Student Member	_____ New Academic Professional Member
	_____ Continuing Student Member Membership # _____	_____ Continuing Academic Professional Member Membership # _____
Dues: (Check One)	_____ One year, annual dues $35.00	_____ Two years $60.00
	_____ Three years $80.00	_____ Four years $95.00

Please list any chapters with which you are or were formerly affiliated: _____

Payment: (Check one) _____ Check made payable to IRTS - AERho for dues is enclosed.
_____ Please charge my Mastercard/Visa (Circle one)

Card #: _____ Exp. Date: _____

Billing Address: _____

Signature: _____

Graduation Date: (If applicable) _____
Month and Year

Signature: I authorize IRTS-AERho to publish my name, address, phone number and e-mail in its annual Roster Yearbook.

_____
Applicant's Signature

Student Membership Only:

_____ _____
Signature of Chapter President or Treasurer Signature of Chapter Advisor

Permanent Home Address:
* This will be the address printed in the annual Roster Yearbook. If this address changes, please contact the IRTS-AERho office.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-Mail: _____

Campus or Work Address (If different from permanent address)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-Mail: _____