



2008 USSAAC Membership Form

Name: _____

Profession/Role (e.g., SLP, parent): _____

Affiliation: _____

Mailing Address: Business Home

Street _____

City _____ State _____ Zip Code _____

Telephone: Home (____) _____ Business (____) _____

Fax: (____) _____ Email: _____

Check here only if you do NOT wish to receive email from USSAAC. Otherwise, all USSAAC correspondence will be sent to you via email.

A. Membership Type (All US dollars. Portion of membership fee is paid to ISAAC for dues)

Professional	\$ 72.00	People Who Use AAC/Family	\$ 34.00
Student (Full-time)	\$ 38.00	Retired	\$ 35.00
Institutional	\$330.00	Corporate	\$ 1100.00

Enter Amount A \$ _____

B. Official Journal: (AAC)

Special USSAAC/ISAAC Rate	\$ 73.00
Special PWUAAC/ Student/Retired Rate	\$ 46.00
Corporate Rate	\$ 220.00

Enter Amount B \$ _____

C. I wish to make a contribution to support:

USSAAC People Who Use AAC Affairs	\$10.00	\$20.00	\$30.00	Other _____
USSAAC Special Projects	\$10.00	\$20.00	\$30.00	Other _____

Enter Amount C \$ _____

Total Amount of A, B, C \$ _____

To pay by credit card: Fax to 928-585-8525 or mail to address below

Credit Card: MasterCard Visa AmExp Card #: _____

Name on card: _____ Exp Date: mm/yr: ____ / ____

Signature: _____

Mail check or money order to:

USSAAC
PO Box 1195
Burlingame, CA 94011