



COAA MEMBERSHIP APPLICATION

Please print or type all information

Please check the type of Membership(s) you would like:

How Many?	Type of Membership	Annual Dues	Amount Due
<input type="checkbox"/>	Continental United States	x \$30.00	\$ _____
<input type="checkbox"/>	Canada and Mexico	x \$35.00	\$ _____
<input type="checkbox"/>	Overseas (US Funds Only Please)	x \$40.00	\$ _____

Note: Joining the COAA during any part of a calendar year enables the new member to enjoy all the COAA Journals for that year. Back issues will be sent on enrollment. Dues will not be accepted for any more than the current year because of book keeping difficulties. Any excess dues paid, will be considered a donation to the COAA and will be appreciated as such.

First Applicant's Information

* Name: _____
 Address: _____
 Address: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Telephone: _____
 Fax: _____
 Email: _____

Second Applicant's Information

* Name: _____
 Address: _____
 Address: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Telephone: _____
 Fax: _____
 Email: _____

* Name and address information will appear in the COAA Membership Directory.

Please return this application with a check made payable to COAA for your membership dues to:

Mike Schoeppner - COAA Treasurer
 12906 Raytown Rd.
 Kansas City, MO 64149

THANK YOU FOR SUPPORTING COAA!