

MEMBERSHIP APPLICATION/Renewal

Rank	First Name	MI	Last Name
Agency			

Mailing Address	City	Zip
<i>Is the address one of the following? (please check one)</i>	<i>Home</i>	<i>Agency</i>

Email Address

Are you retired? (please check one)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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AOMP Session you attended: _____

Spring, 1989..... 1	Summer, 199924	Spring, 2007..... 47	Fall, 2014.....70
Fall, 19892	Fall, 1999.....25	Summer, 2007 48	Spring, 201571
Spring, 1990 3	Spring, 200026	Fall, 2007 49	Summer, 2015.....72
Fall, 1990 4	Summer, 200027	Spring, 2008..... 50	Fall, 2015.....73
Spring, 1991..... 5	Fall, 2000.....28	Summer, 2008 51	Spring 201674
Fall, 1991 6	Spring, 200129	Fall, 2008 52	Summer 2016.....75
Spring, 1992..... 7	Summer, 200130	Spring 2009..... 53	Fall 2016.....76
Fall, 1992 8	Fall, 200131	Summer, 2009 54	Spring 201777
Spring, 1993..... 9	Spring, 200232	Fall, 2009 55	Summer 201778
Fall, 1993 10	Summer, 200233	Spring, 2010..... 56	Fall 2017.....79
Spring, 1994..... 11	Fall, 200234	Summer, 2010 57	Spring 201880
Fall, 1994 12	Spring, 200335	Fall, 2010 58	Summer 2018.....81
Spring, 1995..... 13	Summer, 200336	Spring 2011..... 59	Fall 2018.....82
Fall, 1995 14	Fall, 2003.....37	Summer, 2011 60	Spring 201983
Spring, 1996..... 15	Spring, 200438	Fall, 2011 61	Summer 2019.....84
Fall, 1996 16	Summer, 200439	Spring, 2012..... 62	Fall 2019.....85
Spring, 1997..... 17	Fall, 2004.....40	Summer, 2012 63	Spring 202086
Summer, 1997 18	Spring, 200541	Fall, 2012 64	Summer 2020.....87
Fall, 1997 19	Summer, 200542	Spring, 2013..... 65	Fall 2020.....88
Spring, 1998..... 20	Fall, 2005.....43	Summer, 2013 66	Spring 202189
Summer, 1998 21	Spring, 200644	Fall, 2013 67	Summer 202190
Fall, 1998 22	Summer, 200645	Spring, 2014..... 68	
Spring, 1999..... 23	Fall, 2006.....46	Summer, 2014 69	

Please submit this completed form with a \$35.00 check payable to **AOMP Alumni Association**.

MAIL TO:
AOMP Alumni Association
PO Box 115
Marshville, NC 28103

Membership dues are paid on a calendar year basis (January 1).