

Radio Frequency Alliance
Membership Application

Name: _____
Lt.,Dr.,Mr.,Ms.,etc. First MI Last Jr.,III,etc.

Title: _____

Organization: _____

Work address	Home address

Send mail to (check one): **Home address** **Work address**

E-mail address: _____

Alternate e-mail address: _____

Phone numbers: **Work:** _____ **Fax:** _____ **Home:** _____

- | Membership category | Annual Dues |
|--|--------------------|
| <input type="checkbox"/> Standard membership | \$75 |
| <input type="checkbox"/> Full-time government employee | \$50 |
| <input type="checkbox"/> Full-time student | \$10 |

Optional Personal Information (to be used for Alliance statistical records only):

Highest degree: _____ Degree discipline(s): _____
Institution: _____ Year: _____
Birth year: _____ Interest area: _____
Referred by: _____

Please mail application with check payable to "CTI / RF Alliance" to:
RF Alliance
14051 Westgate Ct, Box 190
Crane, IN 47522

