

Membership Chairperson: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Awards Chairperson: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Treasurer: John Andrews
Office 907-563-3723
email address: jandrews@asaa.org
Schoc ASAA
Addre 4048 Laurel Street Anchorage 99508
(Street) (City) (Zip)

State Conference Chairperson: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Exhibits Chairperson: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Newsletter Chairperson: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Emergency Network Contact #1: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Emergency Network Contact #2: _____
Office Phone: (____) _____ Office Fax: (____) _____
email address: _____
School: _____
Address: _____
(Street) (City) (Zip)

Please return form via email by July 31 to: mblackburn@niaaa.org
or mail by same date to: NIAAA Office, Attn: Mike Blackburn, P.O. Box 690, Indianapolis, IN 46206