



Web site: [www.immregistries.org](http://www.immregistries.org)  
 Tel: (212) 676-1896  
 Fax: (212) 676- 2314

**Join today and enjoy:**

- Full membership privileges through June 2004.
- A year of compelling and timely information exchange and educational and networking opportunities.
- Advance notice of AIRA workshops and special functions.
- Quarterly editions of the *SnapShots* Newsletter.
- A Members Only issues bulletin board and chat room on the AIRA web site.

## MEMBERSHIP APPLICATION 2003 - 2004

Yes, I want to become a member of AIRA.  
 Here is my membership fee at the following level:  
 \$75 Individual                       \$1000 Sustaining  
 \$195 Organization                 Free, Retired Charter  
 \$195 Affiliate

New Member                       Renewing Member

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

**\_\_\_\_\_ I would like to serve on an AIRA committee. Please check committees which are of particular interest to you:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Education Committee              | <input type="checkbox"/> Bioterrorism Committee | <input type="checkbox"/> Technical Committee  |
| <input type="checkbox"/> Provider Participation Committee | <input type="checkbox"/> MCO Committee          | <input type="checkbox"/> Newsletter Committee |
| <input type="checkbox"/> Urban/Cities Committee           | <input type="checkbox"/> PROW Committee         |   |
| <input type="checkbox"/> Board of Directors               | <input type="checkbox"/> CIRSET                 |   |

Suggestions/Comments for AIRA Member programs or services.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_.

**Check or money order should be made payable to AIRA/MHRA Membership and sent to:**

American Immunization Registry Association (AIRA)  
 Membership  
 c/o Citywide Immunization Registry  
 NYC Department of Health and Mental Hygiene  
 125 Worth Street, CN 64R  
 New York, NY 10013

## **Membership Categories**

### **Individual Member**

Any individual who supports the mission of AIRA. Individual members may serve on the Board of Directors and committees and are voting members. *Dues: \$75 per year.*

**Organization Member** Any organization other than for profit organizations directly involved in development or sales of registry products or services, whose mission is consistent with that of AIRA and who will support AIRA activities. Organization members may serve on the Board of Directors and committees and are voting members. *Dues: \$195 per year.*

### **Affiliate Organization Member**

Any for profit organization directly involved in the development or sales of immunization registry products or services whose mission is consistent with that of AIRA and who will support AIRA activities. Affiliate members may serve on committees and are voting members.

*Dues: \$195 per year.*

### **Sustaining Member**

An upgraded membership for any organization that qualifies as an Organization or Affiliate Organization Member. Sustaining members receive recognition as AIRA supporters and special privileges at all AIRA sponsored events. Sustaining members are voting members.

*Dues: \$1,000 per year.*

### **Individual Retired Charter Member**

Individuals who joined the Association and paid dues during its first year and remained members in good standing until retirement from employment, may if they so choose, become Individual Retired Charter Members. Individual Retired Charter Members may continue to serve on committees and participate in AIRA activities and are non-voting members. *This membership category is exempt from payment of dues.*