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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"/> Technical Committee | <input type="checkbox"/> MCO Committee |
| <input type="checkbox"/> Urban/Cities Committee | <input type="checkbox"/> PROW Committee | <input type="checkbox"/> Newsletter 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