

## Allergists for Israel 2012 Membership Application Form

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Spouse/Partner's Name \_\_\_\_\_

Hobbies/Affiliations \_\_\_\_\_

Member since \_\_\_\_\_ Areas of interest \_\_\_\_\_

**Please let us know what you are interested in seeing Allergists for Israel achieve. Your comments and suggestions will help us to improve our organization.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Our primary mode of communication will be e-mail since it is easy to use and inexpensive. Please let us know if you would rather be contacted via an alternate method.**     Phone     Fax

**2012 annual dues are \$118. Please include a check payable to ALLERGISTS FOR ISRAEL with your completed form or provide your credit card information below.**

Visa     MasterCard

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

For questions or comments, please contact Beth at [afiadm@gmail.com](mailto:afiadm@gmail.com)  
Please visit our website at: [www.allergists4israel.org](http://www.allergists4israel.org)  
Membership dues may be paid on line through Paypal by visiting our website

Thank you for taking the time to complete this form.  
**PLEASE MAIL OR FAX TO:**  
  
Ranee Mansfield, Treasurer  
Allergists for Israel  
2121 Wyoming Ave., El Paso, TX 79903  
PHONE 915-544-2557  
FAX 915-544-1817