

ACOUSTICAL · SOCIETY · OF · AMERICA



LOS ANGELES REGIONAL CHAPTER

NAME	Title				First				Middle				Last										
	ADDRESS																						
Company:																							
Mail Stop:																							
Street:																							
Street:																							
City: State: Zip:																							
Position or Title:																							
Email:																							
PHONE								Business:								Home:							

**MEMBERSHIP**

- Corporate (\$50/yr) Web site (link will appear on asala.org): \_\_\_\_\_
- Full (\$10/yr)
- Student (\$5/yr)

Are you a national ASA member? \_\_\_ Yes \_\_\_ No

Suggestions for topics and speakers:


If you can present an evening meeting talk please list topic(s):


Can you serve as a chapter officer?: \_\_\_ Yes \_\_\_ No

Signature:	Date:
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Please return your dues payable to **ASA LA Regional Chapter** with this form to:

ASA LA Regional Chapter  
 C/O Nick Antonio  
 Antonio Acoustics  
 5403 Onacrest Dr  
 Los Angeles, CA 90043