

ACOUSTICAL · SOCIETY · OF · AMERICA



LOS ANGELES REGIONAL CHAPTER

NAME	Title			First	Middle	Last
	Company:					
ADDRESS	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:
------------	-------

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

ASA LA Regional Chapter
 C/O Marshall Long Acoustics
 13636 Riverside Dr.
 Sherman Oaks, CA 91423