

AAll Philadelphia Chapter

REGISTER BY MAIL

ADVANCED REGISTRATION FOR NEXT MEETING

Meeting date: _____

Name: _____

Email: _____

Phone: _____

Family/Guest Name(s): _____

___ # Members & Family: \$ ___

___ # Nonmembers: \$ _____

___ # Season Subscription: \$ _____

Total Fees: \$ _____

Please indicate any ADA disability needs: _____

YES! I would like more information about volunteering to help this chapter.

YES! I would like to subscribe to your email newsletter.

Mail completed form with your
check (payable to AAll) to:

AAll Philadelphia Chapter
c/o Bob Porambo, Treasurer
2750 Belair Road
Bethlehem, PA 18017

*No confirmation will be sent; your
canceled check is your receipt*