

AADAS Membership

Individual	\$25 per year	_____
Couple	\$40 per year	_____
Student	\$15 per year	_____
Institution	\$25 per year	_____

Name _____

Address _____

City _____

State/Province _____

Zip/Postal code _____

Phone _____

E-mail _____

Make check payable to AADAS (or send cash carefully concealed).

Mail to:

AADAS

C/O Joint Archives of Holland

Hope College

PO BOX 9000

Holland, MI 49422-9000