

STEPS Enrollment Form



AASLH Institutional Me	mbership #			
Organization Name				
Mailing Address (Note:	we are unable to ship t	he STEPS workb	ook to a PO E	Box)
Street				
City	State	Zip	Country _	
Contact Name and Title	e			
institutional member a	add the appropriate me t least the first year in S nember, please select th	TEPS and mainta	ain membersh	ip to receive progress
☐ <\$50K	\$98		\$1M-\$2.5M	\$307
\$50K-	\$250K \$118		\$2.5M-\$5M	\$374
\$250K	-\$500K \$168		\$5M-\$10M	\$502
	-\$1M \$226		>\$10M	\$686
Please make checks pa	yable to AASLH.			
Total payment (\$195 plus membership) \$ Select One:			Check Credit Card	
Select One: Master	Card Visa Amer	ican Express	Discover	
Card Number				_
	Expiration D			
Cardholder's Name (ple	ease print)			_
Signature				
	<u>Го:</u> American Associatic			2021 21st Avenue

<u>Questions?</u> Contact Matt Arthur, Professional Development Manager at (615) 320-3203 or at arthur@aaslh.org.