

ACADIANA FLOW MEASUREMENT SOCIETY
P.O. BOX 60426
LAFAYETTE, LOUISIANA 70596-0426

Application for Membership
ANNUAL DUES \$25

NAME: _____ **DATE:** _____

EMPLOYER: _____

E-MAIL ADDRESS: _____

BUSINESS ADDRESS: _____

CITY, STATE AND ZIP: _____

TELEPHONE NUMBER (OFFICE): _____ **(HOME):** _____

FAX NUMBER (OFFICE): _____ **(HOME):** _____

OPTIONAL HOME ADDRESS:

CITY, STATE, AND ZIP: _____

IF E-MAIL ADDRESS IS NOT AVAILABLE, MAIL OR FAX NOTICES TO:
HOME _____ **OR BUSINESS** _____

TOPICS YOU WOULD LIKE TO HAVE PRESENTED AT THE ANNUAL SHOW:

Please return this sheet and dues to: ACADIANA FLOW MEASUREMENT SOCIETY
P.O. BOX 60426
LAFAYETTE, LA 70596-0426