

MORE GRAVE MATTERS Registration Form

(One person per form, please. Make copies for more individuals or download a copy from our website: www.wnyaha.org)

Name: _____ Title _____

Organization: _____ County _____

Address: _____

Phone: _____ Email: _____

Registration Fee (check one)

Non-Member \$50 _____

WNYAHA Individual Member \$45 _____

WNYAHA Organizational member \$42.50 _____

WNYAHA Organizational Supporting member \$40 _____

I would like to join WNYAHA! WNYAHA membership dues:

Student \$15 (with valid ID) _____

Individual \$30.00 _____

Organizational \$50.00 _____

Organizational Supporting \$100.00 _____

Total amount _____

Registration fee postmarked by **June 8, 2009**
Send registration fee payable by check or money order to WNYAHA

Mail registration form to:
WNYAHA
MORE GRAVE MATTERS WORKSHOP
P.O. Box 39 Getzville, NY 14068