

**APPLICATION FOR MEMBERSHIP**

**ALABAMA ASSOCIATION FOR INSTITUTIONAL RESEARCH**

Name \_\_\_\_\_

Title ( ) Dr. ( ) Mr. ( ) Ms. ( ) Mrs. ( ) Miss

Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Do you grant ALAIR permission to use the information above in its web site home page?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Mail application with check to:

Jan Newborn, Director, Office of Institutional Effectiveness, Oakwood College, 7000 Adventist Blvd  
NW, Huntsville, AL 35896

**Individual**

**Membership**

**\$20.00**

*(Individual membership fee covers the period from annual conference to annual conference.)*

**Total Remitted**

\$ \_\_\_\_\_

**Make check payable to  
ALAIR.**