

MEMBERSHIP APPLICATION

ASSOCIATION FOR IMMIGRATION AND REFUGEE SERVICE PROFESSIONALS

1. Name _____

2. Current Address _____

3. Telephone _____

4. Email _____

5. Current employment _____

6. Current position _____

7. How long _____

8. Refugee experience _____

9. Membership \$40 annually _____

10. Student or volunteer \$15 annually _____

Mail application to: ARSP, P.O.Box 41312, Greensboro, NC 27404