

Application Form for HATS Membership



Date _____

Organization Name _____

Acronym: _____

Officers:

President _____

Vice President _____

Treasurer _____

Secretary _____

Organization Mailing Address _____

Organization Telephone Number _____

Organization E-mail Address _____

Organization Web Site URL _____

Organization Type:

Society Association Educational Non-Profit

Number of Members _____

Mission Statement:

Principal Contact for HATS (Name, e-mail, telephone number)

Secondary Contact for HATS (Name, e-mail, telephone number)

President Signature _____ Date _____

Email application to: board@hats.org

Huntsville Association of Technical Societies (HATS)

P.O. Box 1964, Huntsville, AL 35807