



APPLICATION FOR MEMBERSHIP

I wish to be granted active membership to the Association of Technical and Supervisory Professionals of the Food Safety and Inspection Service.

(PLEASE PRINT ALL INFORMATION)

NAME _____

STREET _____ CITY _____

STATE _____ ZIP CODE _____

Mail the above application and AD Form 1054 (complete Part A only) to:

"

Larry Hortert
ATSP National Treasurer
153 Nettie Lane
McDonough, GA 30252

"

....."O qt g'lpht o cvkqp'qp'ATSP'ku'cxkrdig'tv

....

....."j wr <lcwr 96pgv'

"