



Alaska Miners Association, Inc.

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Membership Application

The AMA reserves the right to deny membership

Name: _____
First Middle Last

Job Title: _____

Company: _____

Mailing: _____

Address: _____

City: _____ State: _____

Postal Code _____ Country _____

Work Phone: _____ Ext.: _____

Fax: _____ Cell Phone: _____

Home Phone: _____

Spouses Name: _____

Check for Spouse

E-mail Address: _____

Second Address: _____

City: _____ St: _____ Zip: _____

Check if second address is seasonal

Date: _____

Individual Member (\$95).....\$ _____
Spousal Co-Membership (\$25).....\$ _____
Professional Membership (\$200).....\$ _____
Operator (\$250).....\$ _____
Student (\$10).....\$ _____

Corporate:
Sustaining (\$500).....\$ _____
Silver Club (\$1,000+).....\$ _____
Gold Club (\$5,000+).....\$ _____
Platinum Club (\$10,000+).....\$ _____

Amount Enclosed.....\$ _____

Contributions to AMAPAC (Alaska Miners Association Political Action Committee) should be made out to AMAPAC and sent as a separate payment to the AMA office.

NOTE: 36% of annual dues must be considered as funding for federal and state lobbying activities and therefore is non-deductible when figuring your federal income taxes.

Recruited By: _____

I wish to help with the following AMA activities:

- Contribute an article to *the Alaska Miner* Journal
- Participate in AMEREF (Alaska Mineral Energy Resource Education Fund)

I wish to participate on the following AMA Committees:

- Conventions and Conferences
- Federal Oversight
- Health and Safety
- Industrial Minerals
- International Relations
- Membership
- Publications
- Small Scale Mining
- State Oversight
- Transportation

To help us serve you better, please check your special interest areas:

- Coal Mining
- Engineering/Development
- Environmental & Permitting
- Equipment and Supplies
- Exploration
- Federal Legislation/Regulation
- Hard Rock Mining
- Legal
- Placer Mining
- Professional Services
- Recreational / Small Scale Mining
- Sand, Gravel & Quarry Mining
- State Legislation/Regulation
- Other _____

If possible, please provide the name of your Alaska Legislators &/or your District:

Alaska State Representative House District _____

Alaska State Senator Senate District _____

For Credit Card Payment: Circle One: VISA • MasterCard

Account number: _____

Expiration date: _____

Billing Zip Code: _____

Name as it appears on card: _____

Signature _____

