

Austro-American Association of Boston

Membership Registration for July 1, 2025 to June 30, 2026

Please send this registration and your check (made out to A-AA) to:
Traude Schieber-Acker, 34 Cutting Cross Way, Wayland, MA 01778

Name(s):		
(please state your name(s) the way you would like it/them to appear on our mailing list)		
Address:		
Tel home:	Cell:	
E-mail:		
Dues Schedule: (please check off your category)		
<input type="checkbox"/> Single: \$ 60.00	<input type="checkbox"/> Couple: \$100.00	<input type="checkbox"/> Student: \$ 20.00
<input type="checkbox"/> Sponsor: \$ 100.00	in addition to your membership dues	
<input type="checkbox"/> Life Member: \$ 750.00		
<input type="checkbox"/> Spouse of Life Member \$ 400.00		
Contributions:		
<input type="checkbox"/> Operating Expenses	\$	
We encourage donations to offset higher Operating Expenses.		
!!! Please note, that all <u>contributions</u> are tax deductible !!!		
Total amount enclosed: \$ _____, check # _____, Date _____		

Dear Member:

If you have not done so previously, please provide the information requested below.
It does provide us with important data that we can incorporate into our event planning.

Profession: (please let us know, if we can call on you to help us with respect to your expertise):
Children and age:
Tell us about you, your talents and personal interests. How long have you been in the United States? Are you here permanently or short term? Are you Austrian, is your spouse Austrian? etc....
What do you expect from the A-AA and what kind of programs would you prefer?