



Networking Group Interest Form

Contact Information

Name	
Place of Business	
Street Address	
City ST ZIP Code	
Work Phone	
Other Phone	
E-Mail Address	
License	
Member of AAPT?	

Interest

Please fill out the following information about you interest in Networking Groups (check all that apply)

I am interested in starting a group

I am interested in knowing if a local group already exists.

I know someone interested in starting a group.

I would just like more information

Please include in other important information below.

Mail Form To:
Kim Brindley
AAPT
1666 Glen Cove
Birmingham, AL 35233