



Discounts you may offer: _____

Members will need to actively serve or chair on at least one committee. Will time be a problem for you? ___ Yes ___ No

What type of referrals/ service providers can you bring to our group? (Provide at least 2 names or businesses associations and contact information)

Please outline your experience as a volunteer or committee member for other organizations you belong too. (Use separate sheet if necessary)



Are you able to make a:

____ 1 year commitment

____ 2 year commitment

Do you agree to attend quarterly Membership meeting? ____ Yes ____ No

Please attach a Resume or Bio along with references to this application.

Upon approval of applications, members will have to submit to a background check and live scan. Fee to be paid by applicant.

One year membership fee \$225.00

Please email your completed application to:
Membership Committee chair: Alexandra Woodward
awoodward@la-lawcenter.com

If you have questions regarding ASTER please contact:

President Jeff Freidman
jeff@dynamicnursing.com

Vice President Robbyn Battles: 818-249-7492
robbyn@robbynbattles.com