

ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS MEMBERSHIP APPLICATION

The membership dues quoted on this application are for fiscal year 2012: **July 1, 2011 - June 30, 2012**. Institutional Member* and Agency Affiliate* dues can be prorated monthly; Individual Member and Affiliate dues are prorated on the half-year only.

_____ **Institutional Member***: An Institution of Higher Education or a Health Care Institution offering a degree or certificate in one or more of the Allied Health Professions. **Dues are \$5,250.**

_____ **Individual Member**: An Academic, Clinical, or Administrative Staff Member *employed by an Institutional Member*. **Dues are \$138.**

_____ **Senior Member**: Retired Individual Members over 65 years old. **Dues are \$77.**

_____ **Student Member**: A Student enrolled full-time in a program of an Institutional Member. **Dues are \$77; please submit a copy of your valid student identification.**

_____ **Agency Affiliate***: An organization or agency with an interest in the mission and purposes of the Association but do not meet the criteria for any of the Institutional membership categories. **Dues are \$1,325.**

_____ **Individual Affiliate**: An individual with an interest in the mission and purposes of the Association, but do not meet the criteria for any of the Institutional membership categories. **Dues are \$171.**

Name: (first, last) _____ Degree _____

Job Title: _____

Institution/Organization: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

What is your primary health specialty? _____

Please make checks payable to **ASAHP**. Forward payment with application form to the following address:

**Association of Schools of Allied Health Professions
Department 799
Washington, DC 20042-0799**

*******For ASAHP Use Only*******

Check Number _____ Check Name _____

Check Amount _____ Check Date _____ Date Received _____ Received By _____