



## MEMBERSHIP APPLICATION (FEE \$100)

Must accompany application. Refundable **only if** application is declined.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Other: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Year \_\_\_\_\_

School/College/University: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_

How would you like to receive information from the HRAASHF: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for joining the HRAASHF: \_\_\_\_\_

\_\_\_\_\_

Area(s) of Expertise: \_\_\_\_\_

Member Sponsor: \_\_\_\_\_ Member Signature: \_\_\_\_\_

Application Signature: \_\_\_\_\_

Dues: Annual \$170

Semi-Annual \$85

Quarterly: \$42.50