

## APPLICATION FOR PERSONAL MEMBERSHIP

Name: _____
Phone: _____ Fax: _____
E-mail address: _____
Address: _____
Mailing Address (if different from above): _____
Reason(s) for applying: _____
Please list your areas of expertise: _____
Signature: _____ Date: _____
Sponsor's name (if applicable): _____

### Personal Membership provides the opportunity to:

- *Access free or reduced-price education*
- *Participate in the Association's Annual Membership Meeting*
- *Network with industry leaders and management*
- *Receive Association communications, including our weekly e-newsletter*
- *Receive complimentary copies of Association publications, studies, and survey results*
- *Access member-only reports and data*
- *Online listing in Association Membership Directory*

**DUES:** Annual Personal Membership Dues are \$100.00. Dues are pro-rated by quarter based on when the application is submitted (July to September \$100; October to December \$75; January to March \$50; April to June \$25). Dues payment will be invoiced if the application is approved.

*HAH does not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.*