

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:

- *Receive discounts to all Association educational workshops and seminars*
- *Participate in the Association Annual Membership Meeting*
- *Network with industry leaders and management*
- *Access the association's health-related legislation tracking system.*
- *Receive Association communications, including the weekly "HAH Update".*
- *Receive complimentary copies of Association publications, studies, and survey results.*
- *Listing in HAH Membership Directory*

DUES: Annual Personal Membership Dues are \$40.00. Dues are pro-rated by quarter if the individual becomes a member after the first quarter of the fiscal year, which begins July 1.