



Yes! I want to become an individual member of APHSA.

Note: This application only applies to individual membership. If you're interested in another level of membership, please indicate here and fill out the contact information.

Agency membership Associate membership
 Affiliate membership
 (please indicate affiliate) _____

Name _____

Ms. Mrs. Mr. Dr.

Title _____ Agency _____

Work Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

E-mail Address _____

Preferred mailing address (check one): work home

Please enroll me for one year in the category checked below.

- Regular Individual Membership \$60
 Sustaining Membership \$75
 Century Club Membership \$100
 Associate Membership \$300
 Retiree Membership \$15
 Student Membership (full-time students only) \$15

Note: Dues include an annual subscription to *Policy & Practice*.

Check or money order enclosed (U.S. currency only)

I hereby authorize APHSA to charge my
____ MasterCard, ____ Visa, ____ Diners' Club,
or ____ American Express.

Card Number _____ Expiration Date _____
Applicant's signature _____ Date _____

How did you learn about APHSA?

____ APHSA conference ____ APHSA member ____ APHSA publication
____ *Policy & Practice* ad ____ Foundation ____ Direct mail
____ Other (please indicate) _____