

Membership Application

Applicant Information

Last Name	First Name	Middle	
Date of Birth:	Office Phone:	Cell Phone:	
Current Address:	City:	State:	Zip Code:
Email:	Email (alt):		

Address:	City:	State:	Zip Code:
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Mailing/Billing Address (if different from above)

_____ Check if this is a permanent change of address

Member as of mm/yyyy _____ Graduating Institution _____

	1yr	2yrs	3yrs	4yrs
_____ Graduate Student	\$25.00	\$45.00	\$65.00	\$80.00
_____ Assistant Professor	\$75.00	\$140.00	\$205.00	\$275.00
_____ Associate Professor	\$100.00	\$190.00	\$280.00	\$360.00
_____ Full Professor	\$125.00	\$240.00	\$355.00	\$475.00
_____ Associate Member	\$75.00	\$140.00	\$205.00	\$275.00

_____ Lifetime Member \$1,600.00 (payable up to 4 years @ \$ 400/yr - if paid in one installment receive discount of \$ 400 = \$ 1400)

_____ Check enclosed (Make membership checks payable to **NAHSA**)

_____ Money Order/ Cashier's Check (made payable to **NAHSA**)

Bill my credit card for membership dues: _____ MasterCard _____ Visa

Print Name (as it appears on card)	Card Number
TOTAL MEMBERSHIPS DUES PAYMENT ENCLOSED:	(PAYABLE IN U.S. FUNDS)

I authorize the purchase of my membership dues to be place on this credit card/debit card utilizing the information provided on this application form.

Signature: _____ Date: _____

Mail your application to Dr. Faye Hicks-Townes, NAHSA Treasurer, College of Charleston, 311 B, Bell Building, Charleston, SC 29424.