



The National Association of Holmes Scholars Alumni

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:
Mailing/Billing Address (if different from above)

Check if this is a permanent change of address

Member as of mm/yyyy Graduating Institution

Table with 5 columns: Member Type, 1yr, 2yrs, 3yrs, 4yrs. Rows include Graduate Student, Assistant Professor, Associate Professor, Full Professor, Associate Member.

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)

For credit card payments, please process your membership via the online application.

TOTAL MEMBERSHIPS DUES PAYMENT ENCLOSED: (PAYBLE 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. Diana Gonzales Worthen, NAHSA Treasurer, 16700 Dolittle Rd., Springdale, AR 72764, United States