



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Mailing address:

City:

State:

ZIP Code:

Phone Number:

Email address where you would like to receive SAAHJ notices:

COMPANY INFORMATION

Company name:

Title/Position:

Company address:

City:

State:

ZIP Code:

Phone Number:

MEMBERSHIP REGISTRATION

Date of annual membership registration:

Membership Type:

Student: \$10

Professional: \$25

Corporate: \$500

Discounts applied, if applicable:

Paid: Cash Check # _____ Credit Card – Last 4 Digits of Card Number _____

MEMBERSHIP RENEWAL

| DATE RENEWED | MEMBERSHIP TYPE | AMOUNT PAID | CASH / CHECK / CREDIT |
|--------------|-----------------|-------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

NOTES (INTERNAL USE ONLY)