



PLEASE COMPLETE ALL INFORMATION

ANNUAL MEMBERSHIP BENEFITS

- Monthly Issues of Journal of School Health (JOSH) (print and/or online)
- Free Continuing Education Offerings • ASHA Conference & Webinar Discounts
- Subscription to *School Health Action*, our biweekly e-newsletter • 15% discount on all American Academy of Pediatrics (AAP) titles

ANNUAL ORGANIZATIONAL MEMBERSHIP BENEFITS

Organizational Memberships are available. For further information please contact info@ashaweb.org

NETWORKING COMMUNITIES

ASHA's four Networking Communities are virtual networks of members, focused on the areas of practice that our membership represents. These communities are the hub of professional talk about healthy schools. Please select one or more Networking Communities for your participation.

- Administration, Coordination and Leadership** focuses on the implementation of coordinated school health programs at the local, state, national, and international level.
- Programs and Services** focuses on the innovative delivery of school health programs and services.
- Research and Emerging Issues** focuses on research studies that impact student health and achievement.
- Teaching and Learning** focuses on health education and physical education instruction in preK-12 school settings and/or the university-based preparation of individuals for school-based health education and physical education instruction.

MEMBERSHIP PROFILE

WORKSITE *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Day Care/Preschool | <input type="checkbox"/> School-Based Health Center |
| <input type="checkbox"/> School System (Public/Private) | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Organization/Clinic |
| <input type="checkbox"/> Middle/Junior High | <input type="checkbox"/> Industry/Corporation/For-Profit |
| <input type="checkbox"/> High School | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Special Education/Undergraduate | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> District Level | <input type="checkbox"/> Hospital/Managed Care |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Other |

MAJOR AREA OF RESPONSIBILITY RELATED TO SCHOOL HEALTH

(select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Counseling, Psychological or Social Services | <input type="checkbox"/> Professional Preparation |
| <input type="checkbox"/> Family/Community Involvement | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> School Environment |
| <input type="checkbox"/> Health Promotion for Staff | <input type="checkbox"/> School Food/Nutrition |
| | <input type="checkbox"/> Other |

PROFESSIONAL DISCIPLINE *(select one)*

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> School Health Coordinator |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> School Physician |
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physical Educator | |

Go Green! I would like to opt out of receiving the hard copy of JOSH and only view journal issues online (Regular and Retired members only)

MEMBERSHIP *(check one)*

- Regular 1 Year – \$165
- Retired – \$80 *must be an ASHA member for 10 years to qualify*
- Full-time Student – \$80 *includes all benefits with online edition of the JOSH only, you must submit proof of transcript annually*

Membership fees are non-refundable and cannot be paid in installments. Membership is non-transferrable.

CONTACT INFORMATION

<i>First Name</i>	<i>Last Name</i>	<i>MI</i>	
<i>Title</i>		<i>Degree(s)/Major</i>	

Organization Name

<i>Mailing Address</i>	<i>Apt/Suite#</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country (if other than USA)</i>

<i>Gender</i>	<i>Race/Ethnicity (optional)</i>
<i>Email</i>	

<i>Work Phone</i>	<i>Other Phone</i>
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Please indicate the name of the ASHA member who referred you (if applicable)

Enclosed is my check made payable to ASHA in US Dollars

Charge my American Express Discover MasterCard Visa

Name on Card (please print name)

Card #

Signature

Security Code	Exp. Date
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BILLING ADDRESS *(if different from mailing address)*

<i>Billing Address</i>	<i>Apt/Suite#</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country (if other than USA)</i>

DONATION

I would like to make a \$_____ Donation to ASHA.
This amount has been included with my membership payment

Return completed form and payment to:
American School Health Association
C/O Anick & Associates
11933 W. Burleigh St.
Wauwatosa, WI 53222