Organizational Membership Application

Organizations may have up to five individuals receive the same member benefits as a Regular or Retired member. Additional members can be added to the membership for $100 each.

Organization: _____

Address: _____

City:	**State:**	**Zip:**
Phone:	**Fax:**	

Organization's Mission Statement or Code of Operations

An organizational membership in the American School Health Association is available to governmental, voluntary, and not-for-profit organizations that are supportive of and in alignment with the advancement of school health programs and the mission of the American School Health Association.

Please provide your organization's mission statement or code of operations:

Member Contact Information

Please provide contact information for the five individuals who should receive member benefits. The primary contact will receive a hard copy of the *Journal of School Health (JOSH)* every month and the other individuals will have access to past and current issues of JOSH on our website. ASHA will notify the primary contact important information regarding the organization's membership.

Primary Contact:

Full Name:	
Title:	
Address:	
Phone:	**Email:**

Other Individuals:

Full Name:	
Title:	
Address:	
Phone:	**Email:**

Mail, Email or Fax Completed form to:
American School Health Association
7918 Jones Branch Drive, Suite 300, McLean, VA 22102
info@ashaweb.org Phone: 703-506-7675 Fax: 703-506-3266

Organizational Membership Application

Full Name:	
Title:	
Address:	
Phone:	**Email:**

Full Name:	
Title:	
Address:	
Phone:	**Email:**

Full Name:	
Title:	
Address:	
Phone:	**Email:**

Payment

Organizational Membership	$ 575
Additional Members- $100 each	$
Grand Total:	$

☐ Enclosed is a check made payable to the American School Health Association (ASHA) in U.S. dollars
Check Number: _____

*Charge my ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Card Number:	
Name on the card:	
Expiration Date:	**CSC Number:**
Signature:	

***If the billing address of the credit card is different than the address on page one:**

Billing Address:

City:	**State:**	**Zip Code:**

Mail, Email or Fax Completed form to:
American School Health Association
7918 Jones Branch Drive, Suite 300, McLean, VA 22102
info@ashaweb.org Phone: 703-506-7675 Fax: 703-506-3266