ASHA Membership Application

Save time and register online! www.ashaweb.org

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 • Access to Comprehensive Health Education Network (CHEN) Listserv

ANNUAL ORGANIZATIONAL MEMBERSHIP BENEFITS

Organizational Memberships are available for Schools and School Districts. 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)*

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

MAJOR AREA OF RESPONSIBILITY RELATED TO SCHOOL HEALTH

(select all that apply)

☐ Administration
☐ Counseling, Psychological or Social Services
☐ Family/Community Involvement
☐ Health Education
☐ Health Promotion for Staff
☐ Health Services
☐ Professional Preparation
☐ Physical Education
☐ School Environment
☐ School Food/Nutrition
☐ Other

PROFESSIONAL DISCIPLINE *(select one)*

☐ Administrator
☐ Counselor
☐ Dietitian
☐ Health Educator
☐ Nutritionist
☐ Physical Educator
☐ Psychologist
☐ School Health Coordinator
☐ School Nurse
☐ School Physician
☐ Social Worker

☐ **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

First Name ***Last Name*** ***MI***

Title ***Degree(s)/Major***

Organization Name

Mailing Address ***Apt/Suite#***

City ***State*** ***Zip*** ***Country*** *(if other than USA)*

Gender ***Race/Ethnicity*** *(optional)*

Email

Work Phone ***Other Phone***

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***

BILLING ADDRESS (*if different from mailing address*)

Billing Address ***Apt/Suite#***

City ***State*** ***Zip*** ***Country*** *(if other than USA)*

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
Anick and Associates
11933 W Burleigh Street
Wauwatosa, WI 53222