ASHA Membership Application

Save time and register online! www.ashaweb.org

ANNUAL MEMBERSHIP BENEFITS: For more information on member benefits, please visit our website at https://www.ashaweb.org/join/

ASHA COMMITTEES: ASHA relies on its members to provide volunteer leadership and support for its programs, events, products, and publications. Make the most out of your membership and volunteer today. Please fill out the online volunteer sign up if you wish to serve on a committee.

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! In our effort to Go Green, ASHA members who join after July 1st 2019 will have access to the online version of JOSH and will not receive a print copy unless indicated otherwise. If you wish to receive a hard copy check here: ☐

MEMBERSHIP (check one)

☐**Regular** – $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 enrollment (e.g. letter from advisor, class schedule, etc) annually*

☐**Emerging Professionals**-*Student Special Offer- $20.21 (Offer ends July 31st, 2021)*

- *Full- or Part-Time Students may join ASHA at the special rate of $20.21. This includes the same benefits as a Full-Time Student Membership, but membership will start at the time of payment and will be good through December 31st, 2021.*

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.

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