

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_

**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.

Application for organizational membership is subject to ASHA's Board of Directors' approval.

**Mission Statement or Code of Operations** - (Please provide in the space below)

Please provide Contact Information for the Primary Individual of the Organizational Membership. Please use the space below titled "Secondary Members" to list the additional members.

Primary Contact - Full Name (w/credentials): \_\_\_\_\_  
Primary Contact - Title: \_\_\_\_\_  
Primary Contact - Email Address: \_\_\_\_\_

**Secondary Members** - (Please provide the First Name, Last Name, Credentials/Degrees, Title, and Email address for each colleague in your Organizational Membership)

**Dues Options**

Organizational Membership (Includes 5 individuals at one institution)

Each Additional Member \$100 each \_\_\_\_\_

Total \_\_\_\_\_

**Payment Method**

- Enclosed is my check made Payable to **ASHA** in U.S. dollars
- Charge my Mastercard / VISA (circle one)

Card #: \_\_\_\_\_ CSC #: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Mail completed form to:** American School Health Association  
1760 Old Meadow Road • Suite 500 • McLean, VA 22102  
703.506.7675 (Tel) • 703.503.3266 (Fax)