MEMBERSHIP APPLICATION

Please print clearly and legibly. Thank You!

Name _____

Company/Business Name _____

Street Address _____

City, State and Zip _____

Telephone _____ **Fax** _____

Email Address _____

Website _____

Can we post your business information on the HSP website? ◯ **YES** ◯ **NO**
Can we post HSP pictures that you might be in on the HSP website? ◯ **YES** ◯ **NO**
Membership ◯ **New Member** ◯ **Renewal**
Membership Type ◯ **Individual $35** ◯ **Corporate $100 (up to 3 members)**

If Corporate Membership, please print the names of all attendees and their e-mail address:

_____	_____	_____
Print Name	**Print Name**	**Print Name**
_____	_____	_____
E-mail Address	**E-mail Address**	**E-mail Address**

Were you referred by a HSP West Member ◯ **YES** ◯ **NO**
If YES, who?_____

Would you like an HSP West Mentor? ◯ **YES** ◯ **NO**
If you mark YES, you will be contacted.

_____ _____
Signature **Date**

Enclosed is $ _____ for ◯ **Individual Membership or** ◯ **Corporate Membership**
(Renewing every year in January)

Once received, your information will automatically be added to our mailing list.

Please make checks payable to **Human Service Professionals** and mail, along with this application, to:
PO Box 2497 – Sun City, AZ 85372