



## Membership Application

Application Date \_\_\_\_\_ Amount: \_\_\_\_\_

Member Name \_\_\_\_\_

Company/Business Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Membership: (circle one)      **New Member**      **Renewal**

Membership Type:    Single Member \$35      Corporate \$100 (up to 3 members)

If Corporate Membership, please print the names of the corporate members:

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

<b>For Office Use:</b>			
Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Distribution:	<input type="checkbox"/> Membership	<input type="checkbox"/> Treasurer	<input type="checkbox"/> President

Fax to **623-815-4220** or make check payable to **Human Service Professionals** and bring with application to monthly meeting

Credit Card: Amount: \$ _____ (from above)	
Card Number: _____	
Expiration Date: _____	CRV: _____
Name on Card: _____	Billing Zip Code: _____
_____	_____
<b>Your Signature</b>	<b>Date</b>