



PO Box 2497  
Sun City, AZ 85372  
[www.hspwest.com](http://www.hspwest.com)  
Tax ID #83-4510595

## Membership Application

Date \_\_\_\_\_

Your Name \_\_\_\_\_

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

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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

Website \_\_\_\_\_

May we post your contact information on the HSP website? YES NO

May we use your picture on the HSP website? YES NO

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

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

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

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

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

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

Were you referred by an HSP West Member? YES NO

Who? \_\_\_\_\_

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

Fax to 623-815-4220 or make check payable to **Human Service Professionals** and mail with application to: **PO Box 2497, Sun City, AZ 85372**