

SHSMD today. Career advancement tomorrow.

Take advantage of all SHSMD has to offer. Join today by completing this application and enclosing documents certifying you are a full-time faculty member at a college or university, teaching health care, communications, marketing, planning or public relations. If you have questions, contact us at shsmd@aha.org.

Member Information (all fields required)

Name

Title

Organization

I prefer to have my mail sent to: Business address Home address

Street address

City

State

Zip

Telephone

Fax

Email address

Annual member dues

- Member from a health care provider organization - \$235 Consultant member - \$235
 Vendor member - \$235 Faculty member - \$105 Student member - \$85

Method of payment

- Check or money order made payable to: AHA/SHSMD.
 Visa MasterCard American Express

Name of cardholder

Card number

Expiration date

Cardholder's signature

To submit this application

Mail: AHA/SHSMD | PO Box 75315 | Chicago, IL 60675-5315

Fax: (312) 422-3609 Call: (312) 422-3888

Thank you! We look forward to welcoming you into the SHSMD community.

