



## INHAA Membership Application

**Please complete the requested information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Adm. License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Other E-mail: \_\_\_\_\_

Membership type (check one):

Active - \$100     Associate Business - \$100     Full-Time Student - \$35

**New Active Membership** pro-rated one time only, if joining during  (\$75 2<sup>nd</sup> Quarter) OR  (\$50 after July 1<sup>st</sup>)

**Membership expires December 31<sup>st</sup> of each year**

My check made payable to INHAA is enclosed.

Credit Card Payment:  MasterCard     Visa

Print Cardholder name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail payment to:**

INHAA, P.O. Box 111 , Lanark, IL 61046-0111

Credit Card payment may be faxed to: (815)493-6507