



### Membership Application

<b>Name:</b>				
<b>Address:</b>				
<b>Email contact:</b>				
<b>Primary contact #:</b>	Land:	Mobile:		
<b>Credentials</b>	<b>Profession:</b>	<b>Edu Credentials:</b>		
<b>University Affiliation:</b>				
<b>Department (s):</b>				
<b>Other Employer:</b>	<b>Position:</b>			
<b>Check all that apply:</b>				
<input type="checkbox"/> Faculty \$100 <input type="checkbox"/> Student \$ 10 <input type="checkbox"/> Healthcare Professional \$100 <input type="checkbox"/> Other _____ \$100	<p><i><u>Membership Level</u></i></p> <input type="checkbox"/> Institutional member \$2,500 <input type="checkbox"/> Associate Organizational member \$2,500 <input type="checkbox"/> Individual member \$100 <input type="checkbox"/> Student member \$10 <input type="checkbox"/> Sustaining member \$500			
<b>Payment Method</b>				
<p><b>NOTE: All membership forms and checks should be completed and sent to</b> Dr. Mildred K. Fuller, Treasurer, NSAHP, Norfolk State Univ, 700 Park Ave, Unit 2375, Norfolk, Va. 23504. <a href="mailto:mkfuller@nsu.edu">mkfuller@nsu.edu</a></p> <p><b>Indicate Method of Payment</b></p> <input type="checkbox"/> University Requisition: Name _____ P.O.# _____ Date Submitted _____ <input type="checkbox"/> Personal Check/Money Order (make payable to <b>NSAHP</b> ) _____				
<p><b>NSAHP Contact: Gloria Rogers, Executive Director</b> <a href="mailto:rogersglpt@gmail.com">rogersglpt@gmail.com</a></p> <p><b>Review membership levels for more information. Institutional Membership includes membership for faculty and students.</b></p>				