

(circle all applicable) Public Institution Clinical Private Institution Clinical

Other:

16. Academic Titles:

17. Honors/Awards:

18. Membership in HAPA:

General/Corresponding Member (\$50) Member-in-Training (\$25) Affiliate Member (\$35)

I am applying for (membership category): Enclosed check for:

Please make sure to include name, sex, address, telephone, email, fax number, areas of specialization and languages spoken for the HAPA Directory. (NOTE; no home address/phone will be listed).

I want to be listed in the HAPA Directory: Yes No

I give consent to include all of the above information in the HAPA Database, which can be used for research and sharing with members: Yes No

This information will not be used or shared for marketing purposes.