HAPA Membership Application & Directory Information

1. Name:	2. Sex:	3. Languages Spoken:			
4. Home Address:	5. Office Address:	6. E-mail:			
7. Telephone (Home)	8. Fax: (Home)	9. Date & Place of Birth:			
(Office)	(Office)				
10. Medical School, State/Year of Graduation:					
11. Residency:					
12. Fellowship:					
13. Board Certification: Specialty:					
14. Membership in Organizations: APA Fellow of APA AACAP HPA					
Other:					
(list all applicable and provide verification and membership number)					
APA / AACAP# (A copy of your current Curriculum Vitae is required with your application.)					
15. Present Position: Private Practice Administration Research Teaching					

	(circle all applicable)	Public Inst	itution Clinical	Private Inst	itution Clinical
	Other:				
16. A	cademic Titles:				
17. H	onors/Awards:				
18. M	embership in HAPA:				
Gener (\$35)	ral/Corresponding Mem	aber (\$50)	Member-in-Tra	ining (\$25)	Affiliate Member
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.