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.