

**Group Membership Application (additional members)**

**Membership Information**

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| Member ID number(for SHSMD members only) |  |

**\*If you have a member ID, you can skip the questions below\***

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| First Name |  |
| Last Name |  |
| Title |  |
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**You qualify for a FREE SHSMD digital publication of your choosing! Email** **shsmd@aha.org** **for more information.**

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**You qualify to be entered in a raffle to send two of your members to conference FREE!**

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