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 student at a college or university, studying 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) 276-8015   Call: (312) 422-3888

Thank you! We look forward to welcoming you into the SHSMD community.