



Institutional Membership Application

Applicant Information

Last Name First Name Middle

Name of Institution: Position: Office Phone Phone:

Office Address: City: State: Zip Code:

Email: Fax:

Name: Phone: Email: Point of Contact (if different from above)

Member as of mm/yyyy Does your institution currently sponsor Holmes Scholars® Yes No

1yr 2yrs 3yrs Institutional Member \$500.00 \$900.00 \$1300.00

Lifetime Institutional Member \$6,000.00

Check enclosed (Make membership checks payable to NAHSA)

Money Order/ Cashier's Check (made payable to NAHSA)

Bill my credit card for membership dues: MasterCard Visa

Print Name (as it appears on card) Card Number

TOTAL MEMBERSHIPS DUES PAYMENT ENCLOSED: (PAYABLE IN U.S. FUNDS)

I authorize the purchase of my membership dues to be place on this credit card/debit card utilizing the information provided on this application form.

Signature: Date:

Mail your application to Dr. Diana Gonzales Worthen, NAHSA Treasurer, 16700 Dolittle Rd., Springdale, AR 72764, United States