

**2019-2020 Membership Application**

**Membership Year: September 1 - August 31 of each year.**

Please submit all applicable pages of this application and payment either by Fax, US Mail or email to:

AHEAD

ATTN: Jane Johnston
8015 West Kenton Circle, Suite 230 Huntersville, NC 28078

Email: ahead@ahead.org Phone: 704-947-7779 Fax: 704-948-7779

**Membership Type**

Individual: $75­­­­­­­­­­­­­\_\_\_\_\_\_\_
Institutional (up to five members): $185\_\_\_\_\_\_\_

**Membership Information
Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
|  | **Name**  | **Email**  | **Check here to add listserv access to the membership**  |
| **Member 1**  |  |  | page1image43292864page1image43293440 |
| **Member 2** page1image43293632 |  |  | page1image43295168page1image43296128 |
| **Member 3** page1image43296320page1image43297280 |  |  | page1image43299200page1image43271872page1image43271680 |
| **Member 4**  |  |  | page1image43272832 |
| **Member 5** page1image43273024page1image57876800 |  |  | page1image43416000page1image43416960page1image43417152 |

**Please check all that apply:**

Does your organization offer Bachelor’s level or higher health science programs?

\_\_Medical School
\_\_Nursing School
\_\_Dentistry School
\_\_Pharmacy

\_\_Physical Therapy

\_\_Occupational Therapy

\_\_Speech/Language Pathology

\_\_Vet School
\_\_Other: (Please List)

**Payment Information**

Check enclosed payable to AHEAD in US funds, Check #: \_
Purchase Order for AHEAD, Purchase Order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card1

Billing Address **(Required for all credit card transactions)**

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Account Number (16 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_ 3-Digit security code \_\_\_\_\_
Cardholder's Name (as it appears on card):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Cardholder's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder's phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address for receipt ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AHEAD FEIN# 34-1265325**

1 AHEAD accepts MasterCard, VISA, American Express and Discover Cards