



APPLICATION FOR MEMBERSHIP
(This Document contains Part I, Part II, Part III and Part IV)

Part I.
APPLICANT PARTICULARS

Please complete the following information in order to apply for AHSA Membership

Name: (Last) _____ (M) _____ (First) _____
Title: (Mr./Mrs./Ms./Dr.) _____ Male: _____ Female: _____
Occupation: _____
Email: _____ Website: _____
Phone: _____ Cellular: _____

In case of emergency Person to contact: _____
Phone number: _____

Part II
APPLICATION RECOMMENDED BY:

Name: _____ AHSA Membership No.: _____

Part III
VERIFICATION AND WAIVER

I hereby apply for membership in AHSA. Upon acceptance, I shall abide by the rules and regulations of AHSA.

By signing this application form, applicant gives permission to list his/her name and particulars in the directory of AHSA.

The information provided in this application is correct and accurate to the best of applicant's knowledge.

Applicant signature

Date

Part IV
OFFICIAL USE

Fee received _____ Mode of Payment _____ Date Received _____
Membership: _____(Gold) _____ (Jade) Date Approved _____
Approved by _____ Declined: _____ Membership No. _____