

Institutional Membership Form

New Member Renewal

Please complete this form for each member



**Answer Required*

*First Name		*Last Name		Suffix (Jr., III)
*Institution/Company Name				
*Address			*City	
*State/Province		*ZIP/Postal Code		Country
Phone Number		*E-mail		
<i>This section is for new members only:</i>		Your username will be the email address provided above.	*Password (must be eight characters and include one number)	
<p>HAPS sends communications about the society via email. You must opt-in to receive communications about the society, including announcements from the President, election notices, conference dates, etc. If you do not opt-in, you will receive no communications from the society.</p> <p style="text-align:center;"><input type="checkbox"/> Yes, I want to receive email communication from HAPS</p>				
*How did you learn about HAPS?				
<p>Where do you reside?</p> <p><input type="checkbox"/> Central Region: U.S.: IA, IL, IN, MI, MN, MO, OH, WI; Canada: MB, ON; International: outside the U.S. and Canada</p> <p><input type="checkbox"/> Eastern Region: U.S.: CT, D.C., DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV; Canada: NB, NF, NS, PE, QC</p> <p><input type="checkbox"/> Southern Region: U.S.: AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VI</p> <p><input type="checkbox"/> Western Region: U.S.: AK, AS, AZ, CA, CO, GU, HI, ID, KS, MT, NE, ND, NM, NV, OR, SD, UT, WA, WY; Canada: AB, BC, NU, NT, SK, YT</p>				
<p>Membership Types:</p> <p>Institutions are eligible for the institutional members if there are 3 or more faculty members joining/renewing their HAPS membership.</p> <p><input type="checkbox"/> Institutional Regular – 5% discount (\$105 per faculty member)</p> <p><input type="checkbox"/> Institutional Contingent Faculty – 5% discount (\$85 per faculty member)</p>				
<p>Membership Dues \$ _____</p> <p>Total Amount Due \$ _____</p>		<p>FAX forms to 706-883-8215 or mail to:</p> <p>HAPS 251 S.L. White Blvd PO Box 2945 LaGrange, GA 30241</p> <hr/> <p>Credit Card Payments:</p> <p>Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Card Number: _____</p> <p>Expiration Date: _____ Security Code: _____</p> <p>Name on Card: _____</p> <p>Billing Address: _____</p> <p>_____</p>		
<p>For questions, please contact Brittney Roberts at info@hpsconnect.org or 1-800-448-4277.</p>				