Institutional Membership Form

☐ New Member  ☐ Renewal

*Please complete this form for each member*

<table>
<thead>
<tr>
<th><em>First Name</em></th>
<th><em>Last Name</em></th>
<th>Suffix (Jr., III)</th>
</tr>
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<table>
<thead>
<tr>
<th><em>Institution/Company Name</em></th>
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<table>
<thead>
<tr>
<th><em>Address</em></th>
<th><em>City</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>State/Province</em></th>
<th><em>ZIP/Postal Code</em></th>
<th>Country</th>
</tr>
</thead>
</table>

Phone Number | *E-mail* |
|-------------|---------|

This section is for new members only:

Your username will be the email address provided above.

*Password (must be eight characters and include one number)*

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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.**

☐ Yes, I want to receive email communication from HAPS

*How did you learn about HAPS?*

Where do you reside?

☐ Central Region: U.S.: IA, IL, IN, MI, MN, MO, OH, WI; Canada: MB, ON; International: outside the U.S. and Canada

☐ 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

☐ Southern Region: U.S.: AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VI

☐ 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

Membership Types:

Institutions are eligible for the institutional members if there are 3 or more faculty members joining/renewing their HAPS membership.

☐ Institutional Regular – 5% discount ($105 per faculty member)

☐ Institutional Contingent Faculty – 5% discount ($85 per faculty member)

Membership Dues $ ____

Total Amount Due $ ____

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For questions, please contact info@hapsconnect.org or 1-800-448-4277.

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FAX forms to 706-883-8215 or mail to:

HAPS
251 S.L. White Blvd
PO Box 2945
LaGrange, GA 30241

Credit Card Payments:

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: ________________________________

Expiration Date: ___________________ Security Code: __________________

Name on Card: ________________________________

Billing Address: ______________________________________________________

______________________________________________________________

______________________________________________________________