



ALLIED ORGANIZATION MEMBERSHIP APPLICATION

4221 Mitchell Ave., Saint Joseph, MO 64507
Phone: 816-671-1144 Fax: 816-671-1201

Email: usaha@usaha.org
Web: www.usaha.org

Requirements:

Allied Organizations must be non-profit, national in scope and actively and directly concerned with and supportive of the interests and objectives of USAHA.

****Please include a copy of your organization's mission statement and/or bylaws and a letter of interest pertaining to the mission of USAHA with this application.**

Upon receipt of application, your Organization will be reviewed at the next regular meeting of the USAHA Executive Committee, and a recommendation will then be put before the USAHA Board of Directors for approval by two-thirds majority vote at the next Annual Meeting, October 18-24, 2012 in Greensboro, NC.

ORGANIZATION NAME: _____

Individual Representative Information:

Prefix: Dr. Mr. Ms.

First _____ Middle Initial _____ Last _____

Address _____

State _____ City _____ Zip _____

Country (if other than U.S.) _____

Phone _____ Fax _____

Email _____

2012 Official Agency/Allied Organization Dues: \$600.00 (USD).

Dues include one organizational representative for member benefits, and a seat on the Board of Directors.

PAYMENT

Check, payable to USAHA

American Express

Please bill me following approval by the Board of Directors

Master card

Discover

Visa

USAHA EIN: 21-6008168

Billing Address: Same as above

Address: _____

State _____ City _____ Zip _____

Credit Account Number: _____ - _____ - _____ - _____

Type of Credit Card: Company Personal

Cardholder Name: _____ Expiration Date (mo/yr): ____ / ____

Cardholder Signature: _____