

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, 2018 in Kansas City, Missouri.

ORGANIZATION NAME: _____

Individual Representative Information: Prefix: Dr. Mr. Ms.

First _____ Middle Initial _____ Last _____

Address _____

City _____ State _____ Zip _____

Country (if other than U.S.) _____

Phone _____ Fax _____

Email _____

2018 Allied Organization Dues: \$675.00 (USD).

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

PAYMENT

- Check, payable to USAHA
- Master card
- Visa

- American Express
- Discover
- USAHA EIN: 21-6008168

- Please bill me following approval by the Board of Directors

Credit Account Number: _____ - _____ - _____ - _____ Security Code _____

Type of Credit Card: Company Personal Expiration Date (mo/yr): ____ / ____

Billing Address: _____

City _____ State _____ Zip _____

Cardholder Name: _____

Cardholder Signature: _____