

Founded 2010

Company Information

Company Name _____

Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

Main Email _____ Website _____

Key Contact _____ Title _____

Direct Phone _____ Email _____

Company Description
 (no more than 40 characters) _____

Contact Information

All ASHS members receive important member updates via email, such as: *The Academy Weekly* newsletter, legal information, regulatory and legislative updates, and education program registration information. Please list all names, titles and emails of individuals who would like to receive these important member updates.

Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____

Terms of Membership

Annual Dues: \$500

Associate Members are considered active when application and full payment have been received. Please include payment (check or money order) with your completed application.

Membership is automatically renewed and dues are assessed on an annual basis, unless either the Member of The Academy of Senior Health Sciences, Inc. terminates membership in writing. No refund of dues payment will be issued. The Academy reserves the right to terminate Associate Membership at any time, for reasons including, but not limited to, nonpayment of dues or other assessments.

To join, complete and return this application along with your payment to the following address:

The Academy of Senior Health Sciences, Inc.
 17 S. High St, Suite 770
 Columbus, OH 43215
 Phone: 614/461-1922; 800/999-6264
 Fax: 614/461-0434
 Email: vgresh@seniorhealthsciences.org
 Victoria Gresh, Executive Director

Payment

Credit Card (If you would like to pay by credit card, please call the Academy at 614/461-1922 or 800/999-6264. The Academy accepts all major credit cards.)

Check # _____

Money Order

Referral

If an Academy member referred you, please indicate the name of the facility/company and person.
