



AFFILIATE MEMBERSHIP APPLICATION

AAHA requests your permission to include your name, address, telephone & FAX numbers, and email address in the Membership Roster.
 _____ Yes _____ No

FOR OFFICIAL USE ONLY
Member Number _____
Date _____
Amount Received _____

NAME _____ (M ___ F ___)
Mr/Mrs/Ms/Dr Last First Middle Initial

ADDRESS _____
Street City State/Province Zip Code Country

PHONE _____ / _____ / _____ FAX _____ / _____ / _____ EMAIL ADDRESS _____
Area Code

I hereby make formal application for membership in the American Association of Handwriting Analysts, Inc. in accordance with the AAHA Bylaws.

Date: _____ Signature of Applicant _____

APPLICANT'S BACKGROUND

<u>Education</u>	<u>Institution Name & Location</u>	<u>Degree</u>	<u>Date Graduated</u>
High School	_____	_____	_____
College	_____	_____	_____
Graduate Study	_____	_____	_____

<u>Special Courses</u>	<u>Course Title</u>	<u>Institution Name & location</u>	<u>Completion Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Handwriting Analysis Courses</u>	<u>Instructor(s)</u>	<u>Date Completed</u>
_____	_____	_____
_____	_____	_____

Relevant Employment (describe)

Other Pertinent Information:

