



**NEW MEMBERSHIP APPLICATION  
(AFFILIATE STATUS)**

AAHA requests your permission to list your name, address, telephone and email address in the Membership Roster  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**FOR OFFICIAL USE ONLY**

Member Number \_\_\_\_\_  
 Date \_\_\_\_\_  
 Amount Received \_\_\_\_\_

NAME \_\_\_\_\_ M \_\_\_ F \_\_\_  
Mr/Ms/Mrs/Dr                      Last                      First                      Middle Initial

ADDRESS \_\_\_\_\_  
Street                      City                      State/Province                      Zip Code                      Country

CONTACT PHONE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      EMAIL ADDRESS \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**APPLICANT'S BACKGROUND**

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

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

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

**Relevant Employment** (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Pertinent Information:**  
 \_\_\_\_\_  
 \_\_\_\_\_

