



Membership Notice New Member Renewal

Use the form below or join/ renew on-line at www.hapsweb.org

***Answer Required**

Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	*First name	Middle name	*Last name
Suffix (Jr., III)	Degree	*Institution/ Company Name	
Department Title/Position	*Address	*City	
*State/Province	*ZIP/Postal Code	Country	
Business Phone	Cell Phone	*E-mail	
<i>This section for new members only:</i>	Your username will be the email address provided above.	*Password	
*How did you learn about HAPS?			
Where do you reside?			
<input type="checkbox"/> Central Region: U.S.: IA, IL, IN, MI, MN, MO, OH, WI; Canada: MB, ON; International: outside the U.S. and Canada <input type="checkbox"/> Eastern Region: U.S.: CT, D.C., DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV; Canada: NB, NF, NS, PE, QC <input type="checkbox"/> Southern Region: U.S.: AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VI <input type="checkbox"/> Western Region: U.S.: AK, AS, AZ, CA, CO, GU, HI, ID, KS, MT, NE, ND, NM, NV, OR, SD, UT, WA, WY; Canada: AB, BC, NU, NT, SK, YT			

Membership Types:

Regular	\$100.00
Contingent Faculty	\$ 80.00
High School Teacher	\$ 80.00
Retired Faculty	\$ 50.00
Post-doc (must provide documentation of full-time status)	\$ 40.00
Graduate Student (must provide documentation of full-time status)	\$ 30.00
Undergraduate Student (must provide documentation of full-time status)	\$ 20.00

Save 5% on Regular Dues for the next three years	\$285.00
Save 10% on Regular Dues for the next five years	\$450.00

Membership Dues	\$ _____
Voluntary donation to the Robert M. Anthony Scholarship Fund	\$ _____
Voluntary donation to the HAPS Foundation	\$ _____
If making a donation, make we thank you in the <i>HAPS-EDucator</i> ?	_____
Total Amount Enclosed	\$ _____

FAX forms to 706-883-8215 or postal mail to:

Mail checks to:
 HAPS
 251 S. L. White Blvd
 P.O. Box 2945
 LaGrange, GA 30241

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>		
Card Number:		
Expiration Date:	Security Code:	Amount to be charged:
Name		
Address (please include card zip code)		

For questions, contact Brittney Roberts at info@hapsweb.org or 1-800-448-4277. Thank you for your payment!