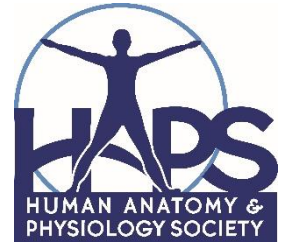


Membership Notice

New Member Renewal

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



**Answer Required*

| | | | | |
|---|--|--|---------|----------------------|
| *First Name | | *Last Name | | Suffix (Jr., III) |
| *Institution/Company Name | | | | |
| *Address | | | *City | |
| *State/Province | | *ZIP/Postal Code | | Country |
| Phone Number | | | *E-mail | |
| <i>This section is for new members only:</i> | | Your username will be the email address provided above. | | |
| HAPS sends communications about the society via email. You must opt-in to receive communications about the society, including announcements from the President, election notices, conference dates, etc. If you do not opt-in, you will receive no communications from the society. | | | | |
| <input type="checkbox"/> Yes, I want to receive email communication from HAPS | | | | |
| *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: | | | | |
| <input type="checkbox"/> Regular (\$110) <input type="checkbox"/> Contingent Faculty (\$90) <input type="checkbox"/> High School Teacher (\$90) <input type="checkbox"/> Retired Faculty (\$55) | | | | |
| <input type="checkbox"/> Post-doc – must provide documentation of full-time status (\$40) <input type="checkbox"/> Graduate Student – must provide documentation of full-time status (\$30) | | | | |
| <input type="checkbox"/> Undergraduate Student – must provide documentation of full-time status (\$20) | | | | |
| <input type="checkbox"/> 3 Year Regular – save 5%! (\$310) <input type="checkbox"/> 5 Year Regular – save 10%! (\$500) | | | | |
| <input type="checkbox"/> 3 Year Contingent Faculty – save 5%! (\$260) <input type="checkbox"/> 5 Year Contingent Faculty – save 10%! (\$405) | | | | |
| Membership Dues \$ _____ | | FAX forms to 706-883-8215 or mail to: HAPS 251 S.L. White Blvd PO Box 2945 LaGrange, GA 30241 | | |
| Total Amount Due \$ _____ | | | | |
| For questions, please contact info@hpsconnect.org . | | Credit Card Payments: | | |
| | | Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | | |
| | | Card Number: _____ | | |
| | | Expiration Date: _____ | | Security Code: _____ |
| | | Name on Card: _____ | | |
| | | Billing Address: _____ | | |
| | | _____ | | |