MEMBERSHIP APPLICATION

Membership Year: October 1 - September 30

MNSHA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. MNSHA estimates that 55% of your dues are not deductible due to MNSHA’s lobbying activities on behalf of its members.

Name: __________________________________________
Credentials: ________________________________

Address: _____________________________________________________________________
_____________________________________________________________________________

 Work Address   Home Address

City: __________________________________ State: ________ Zip: __________________

Work #: ________________________________  Cell #: ____________________________

Email: _______________________________________________________________________

 Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.
 Include my information in the MNSHA Online Member Directory.

Residing County: ___________________________________________________________

Employer: __________________________________________________________________

Position: ___________________________________________________________________

We are developing a directory of bilingual and multilingual practitioners. If you would like to be included on the directory, please write in additional languages with which you communicate.

 Check if you are in need of any ADA Accommodations for committee meetings and/or professional development opportunities. In addition, please notify the MNSHA Office of your request.

MN License (check all that apply):
 MN Board of Teaching Licensure   MN Department of Health Licensure

Highest Degree Earned:   Bachelor   Master   Doctoral

Membership Eligibility and Dues

Please check membership category.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>One Year</th>
<th>Two Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Member</td>
<td>$99</td>
<td>$178</td>
</tr>
<tr>
<td>Associate Member</td>
<td>$80</td>
<td>$144</td>
</tr>
<tr>
<td>Affiliate Member</td>
<td>$50</td>
<td>$90</td>
</tr>
<tr>
<td>Student Member</td>
<td>$20</td>
<td>$36</td>
</tr>
<tr>
<td>Recent Graduate Member</td>
<td></td>
<td>$99</td>
</tr>
<tr>
<td>Life Member</td>
<td>$30</td>
<td>$54</td>
</tr>
<tr>
<td>Associate Life Member</td>
<td>$30</td>
<td>$54</td>
</tr>
</tbody>
</table>

Please see www.MNSHA.org for an explanation of member categories as well as eligibility requirements for group and organizational memberships.

Referral

Membership Referred By: ____________________________________________

Payment Options

Join Online - Visit www.MNSHA.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the MNSHA Office with your method of payment.

 Check (payable to MNSHA)
 Visa   MasterCard   Discover   American Express

Payment Options

Credit Card Account Number: ________________________________

Expiration Date: ________________________________

Signature: ______________________________________