

Membership Application Form

Thank you for your interest in the American Association for Safe Patient Handling & Movement (AASPHM).

The information you provide will be used to create the AASPHM membership database. Include either your business or home address, wherever you prefer mailings to be sent.

To pay by Credit Card, please use the *membership* button and follow instructions. If you wish to pay by check, please send your check payable to the American Association for Safe Patient Handling & Movement.

Please complete this membership application form when paying by check or credit card via PayPal.

Please mail or email this form to:

The American Association for Safe Patient Handling & Movement c/o Kathleen Rockefeller Box # 179, 12157 W Linebaugh Ave, Tampa FL 33626

Email: info@aasphm.org

Your membership will be processed when we receive the completed application and membership dues. You will receive email confirmation and a receipt.

First Name:	Last Name:	
Credentials:		
Current Employer:	Job Title:	
Preferred Mailing Address:		
Street:		
City	State	ZIP
Phone: Fax:		Email:
Student Members Only: School Program Location:		
Degree Sought:	Anticipated Graduation:	
Please Select Membership Level: □New □ Re	enewal	
□Regular (\$120.00) 1 Year □Student (\$ 90.00) 1 Year □Honorary (No Fee)		
□ Organizational Affiliate 1 Year (\$1000.00)		
Payment Method: □Check □ Credit Card – Please use PayPal link on website		

*AASPHM dues may be tax deductible as an ordinary and necessary business expense, but not as a charitable contribution.

All information will be kept strictly confidential. No individual information will be released. All information will be summarized for the purpose of developing accurate membership profiles and developing programs, products and services that meet the needs of members.

A user name and password for access to the 'members' only section will be sent to you within 48 hours.