ASPA Membership Application

Adventist Student Personnel Association

PERSONAL INFORMATION:

Name: _____
(Please print) First Middle Initial Last

Place of Employment: _____

Address: _____

_____

Telephone Numbers: _____ _____
Office Cell

Email Address: _____ Current Position: _____

MEMBERSHIP TYPE:

(please check one in each column)

____New
____Renewal

____Regular Membership $50
____Student Membership $10
____International Membership (outside USA/Canada) $10

_____ _____
Applicant's Signature Signature of Student Member's Sponsor

_____
Date

Membership is effective January 1 through December 31 and must be renewed annually.

Please make checks payable to ASPA and return with registration form to:

John Foote, ASPA Treasurer
201 SW 1st Street
College Place, WA 99324
Phone: 509-527-2897
Fax: 509-527-2801

Office Use Only:

Payment Received _____ _____
Date Initials

Membership Issued _____ _____
Date Initials

Data Entry _____ _____
Date Initials

If institutional check is enclosed, one application must be submitted for each applicant. All current ASPA members will receive *The Window: News and Ideas for Adventists in Student Personnel*, published bi-monthly. Direct all questions regarding your subscription/membership to John Foote, ASPA Treasurer at footjo@wwc.edu.