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AHP COLLEGE/UNIVERSITY MEMBER FILE RECORD

PROGRAM/DEPARTMENT		
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MAIN CONTACT TO WHOM AHP CORRESPONDENCE SHOULD BE DIRECTED		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	
EMAIL ADDRESS	WEB SITE	
<input type="checkbox"/> I WISH TO SUBSCRIBE TO THE AHP NEWSGROUP* EMAIL SERVICE		
<input type="checkbox"/> I REQUEST TO RECEIVE AHP NEWSLETTER VIA EMAIL (PDF)		
<input type="checkbox"/> CHECK IF YOU WISH TO BE NOTIFIED OF AHP STUDENT PROGRAMS		
DESCRIPTION OF COLLEGE CURRICULUM: The 50-word summary must be descriptive and factual in nature. (USE SEPARATE SHEET IF NECESSARY)		
<p>*The AHP Newsgroup is a benefit of membership and provides members with timely information about AHP activities and newsworthy items to the list of AHP member email addresses. Submissions must contain information about an AHP member. A non-member may submit the message on behalf of an AHP member. These messages and/or press releases should include information that would be of interest to the general membership. Messages should not include statements that may harm the reputation or relationship with a fellow AHP member. Solicitations are not allowed except for charitable organizations. AHP reserves the right to edit or refuse to distribute any news release submitted by a member or non-member.</p> <p>AHP reserves the right to revoke a membership if the member demonstrates conduct detrimental to the goals and purposes of the AHP.</p> <p>The applicant has read this application and agrees to be bound by its provisions and the association bylaws if accepted as a member.</p>		
DATE	SIGNATURE	REFERRED BY