American Association of Handwriting Analysts

ASSOCIATE ACCREDITATION APPLICATION

Please allow 4-6 weeks for processing

MEMBERSHIP Number: _____

PLEASE PRINT:

NAME: _____ M ____ F ____
Mr/Mrs/Ms/Dr Last First MI

ADDRESS: _____
Street City State/Province Zip Code Country

PHONE No: _____ FAX No: _____ MOBILE No: _____

EMAIL ADDRESS: _____

Date: _____

Signature: _____

APPLICANT'S HWA BACKGROUND

Handwriting Analysis Courses	Instructor	Year Completed

EXAMINATION REQUIREMENTS:

1. **Your membership number must be on application. (Upper right corner) (Contact aahamembership@gmail.com for number.)**
2. **Annual membership dues must be current to receive the examination and the results.**
3. **Exam fee of $150.00 in U.S. funds (made payable to AAHA) must accompany application.**

Payment information: _____ check or money order enclosed or _____ credit card
Type of card (AAHA accepts only): _____ Visa or _____ MasterCard
Name on card (please print): _____ Card Expiration Date: _____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Or mail application and appropriate fee to: AAHA Treasurer
4143 Lorna Court SE
Lacey, WA 98503

NOTE: The examination requires a good working knowledge of English.