American Association of Handwriting Analysts

CERTIFIED ACCREDITATION APPLICATION

Please allow 4-6 weeks for processing

MEMBERSHIP Number: _____

ASSOCIATE CERTIFICATE 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: _____

EXAMINATION REQUIREMENTS:

1. **Your membership number must be on application. (Upper right corner) (Contact aahamembership@gmail.com for number.)**
2. **Your Associate Certificate number must be on application. (Upper right corner)**
3. **Attach a self handwritten, one page or more, narrative of your graphological background.**
4. **Annual membership dues must be current to receive the examination and the results.**
5. **Exam fee of $200.00 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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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.