



AAHA Level One Beginners Course APPLICATION

PLEASE PRINT:

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

ADDRESS: _____
Street City State/Province Zip Code Country

PHONE No: _____ MOBILE No: _____

EMAIL ADDRESS: _____

Date: _____ Signature: _____

PRICING INFORMATION: (Please check appropriate selection)

AAHA Member*: _____ \$60.00 Non Member: _____ \$150.00

*AAHA membership number: _____
(Annual membership dues must be current to receive the membership pricing)
Contact AAHA Membership Chair for membership number aahamembership@gmail.com .

Join AAHA for \$60.00 annual fee plus a one time initial fee of \$15.00 and receive reduction pricing for all AAHA events including the AAHA convention, on-line workshops, and the Level One Beginners Course. You will also receive the association newsletter.

_____ Check here to join AAHA and an application will be sent to you.

Payment information: _____ check or money order enclosed or _____ credit card
Fee of \$60.00 or \$150.00 in U.S. funds (made payable to AAHA) must accompany application.

Type of credit card (AAHA accepts only): _____ Visa or _____ MasterCard
Name on card (please print): _____

Card Expiration Date: _____ 3 Digit Security Code on Back of Card: _____

Card Number

All credit card information will be shredded after funds received.

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

Or email application with credit card information to aahatreasjane@aol.com

NOTE: The Beginners Course requires a good working knowledge of English.