



**AFFILIATE MEMBERSHIP APPLICATION**

AAHA requests your permission to include your name, address, telephone, FAX numbers, and email address in the Membership Roster.  
 Yes     No

**FOR OFFICIAL USE ONLY**  
 Member Number \_\_\_\_\_  
 Date \_\_\_\_\_  
 Amount Received \_\_\_\_\_

NAME \_\_\_\_\_ M \_\_\_ F \_\_\_  
Mr/Ms/Mrs/Dr                      Last                                      First                                      Middle Initial

ADDRESS \_\_\_\_\_  
Street                                      City                                      State/Province                                      Zip Code                                      Country

PHONE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FAX \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Area Code

I hereby make formal application for membership in the American Association of Handwriting Analysts, Inc. in accordance with the AAHA Bylaws.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**APPLICANT'S BACKGROUND**

<b><u>Education</u></b>	<b><u>Institution Name &amp; Location</u></b>	<b><u>Degree</u></b>	<b><u>Date Graduated</u></b>
High School	_____	_____	_____
College	_____	_____	_____
Graduate Study	_____	_____	_____

<b><u>Special Courses</u></b>	<b><u>Course Title</u></b>	<b><u>Institution Name &amp; location</u></b>	<b><u>Completion Date</u></b>
_____	_____	_____	_____
_____	_____	_____	_____

<b><u>Handwriting Analysis Courses</u></b>	<b><u>Instructor(s)</u></b>	<b><u>Date Completed</u></b>
_____	_____	_____
_____	_____	_____

**Relevant Employment** (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Pertinent Information:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**FEES AND DUES**

**Annual Dues:** Payable on or before August 31<sup>st</sup>. This includes a subscription to the AAHA newsletter.

**Family Discount:** If two members of a family are members of AAHA, the one with the highest classification pays full dues. The additional member pays one-half the appropriate classification rate. The newsletter will be sent only to members paying full dues.

**Postage Fee:** Members living outside the United States pay an additional postage fee of \$20.00 annually, except the members in Canada who pay an annual fee of \$12.00. These fees are waived if all correspondence and Dialogue received by email.

**DUES AND FEES INCLUDED WITH THIS APPLICATION**

Make check payable to AAHA in US funds and send to:

Treasurer, AAHA  
4143 Lorna Court SE  
Lacey, WA 98503  
FAX 253-846-6448  
[aahatreasjane@aol.com](mailto:aahatreasjane@aol.com)

**Initiation Fee	\$ 15.00	\$ _____
Affiliate Membership	60.00	_____
*Additional Family Membership	½ dues	_____
**International Postage***	20.00	_____
**Canadian Postage***	12.00	_____
**Reinstatement Fee	15.00	_____
TOTAL DUES AND FEES		\$ _____

\*See Family Discount Above

\*\*Non-refundable Fees

\*\*\* Waived if all correspondence and Dialogue received by email.

**PAYMENT INFORMATION:**

\_\_\_\_\_ Check or Money Order

\_\_\_\_\_ Credit Card

Type of Credit Card (AAHA accepts ONLY):



\_\_\_\_\_ Visa



\_\_\_\_\_ MasterCard

Card No.

Expiration Date: \_\_\_\_\_

Name of Card Holder (**print clearly**) \_\_\_\_\_

**ADVANCED MEMBERSHIP**

An Affiliate member in good standing may apply for Associate membership at any time. On successful completion of the Associate examination, the member may apply for Certified membership. For more information visit the AAHA website at [www.aahahandwriting.com](http://www.aahahandwriting.com) and click "Accreditation" button.

**REINSTATEMENT OF MEMBERSHIP**

Reinstatement of membership may be made by any member who resigned in good standing and who has submitted a letter of resignation to the **AAHA Secretary**, [email to: aahasecretary@gmail.com](mailto:aahasecretary@gmail.com). A reinstatement fee of \$15.00 must accompany the current dues at the time of application.