

MEMBERSHIP APPLICATION

LEGAL FIRST NAME	MIDDLE INITIAL	LAST NAME	
PREFERRED FIRST NAME (OPTIONAL)		BIRTHDATE (MONTH / DATE / YEAR)	
STREET ADDRESS		CITY / STATE / ZIP	
EMAIL	CELL PHONE	HOME PHONE	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	EMERGENCY CONTACT RELATIONSHIP	

1. How did you first learn about HASP? Check all that apply.

- HASP Member (Who? _____)
- I attended a HASP event (When? _____)
- I am affiliated with Hope College (How? _____)
- Other _____

2. What are your hobbies, interests, or current activities?

3. Please describe your educational background (institutions, certifications, degrees, and/or areas of study, etc.).

4. Please describe your professional background (companies, organizations, affiliations, and/or job titles, etc.).

5. Would you be interested in volunteering in the HASP office or on a HASP committee? YES NO

▶ I acknowledge that my membership is not complete until my dues are received and processed by the HASP staff.

DUES IF JOINING **JULY 1 – DECEMBER 31** **\$150.00**
DUES IF JOINING **JANUARY 1 – APRIL 30** **\$ 90.00 (prorated)**

Checks should be made payable to **HOPE COLLEGE** and mailed to: **HASP at Hope College**
100 E 8th Street, Suite 150
Holland, MI 49423

SIGNATURE

DATE