



Affiliate Membership Application

Program/Company Information

University/Company _____

Program Name (If applicable) _____

Degree Awarded (If applicable) _____

Mailing Address _____

City _____

State _____ Zip Code _____

Country _____ Website _____

Additional Academic Program Information - Other applicants please continue on to page 2.

MSA

NCA

NEASC

NWCCU

SACS

WASC

Other _____

Regional Accreditation

The program is:

Residential only

Online only

Both residential and online

In what academic setting is the program housed?

Allied Health

Business/Management

Graduate Studies

Health Professions/Health Sciences Medicine

Nursing

Public Administration/ Public Services /Public Affairs

Public Health

Other _____

Number of degrees awarded in last academic year _____

Dues

See the [Dues Schedule](#) for current rates. Dues are pro-rated for programs that join during the year. Discounts are available for multiple program memberships. Contact [AUPHA](#) for assistance with dues calculations.

Application Submission

Email the completed application to AUPHA at aupha@aupha.org , attention Membership Division, or mail the completed application to the address below:

AUPHA
Membership Division
1730 Rhode Island Ave, NW
Suite 810
Washington, DC 20036

Submitted by:

Name _____

Title _____

Date _____

Please complete the Membership Roster on the following pages.

Membership Roster – Affiliate Membership includes membership access for up to five faculty/staff. They will receive AUPHA log in and membership information.

Primary Contact – The primary point of contact for the membership. Will receive all important information from AUPHA.

Name _____

Honorifics _____

Title _____

Email _____

Phone _____

Faculty or Staff

Name _____

Honorifics _____

Title _____

Email _____

Phone _____

Faculty or Staff

Name _____

Honorifics _____

Title _____

Email _____

Phone _____

Faculty or Staff

Name _____

Honorifics _____

Title _____

Email _____

Phone _____

Faculty or Staff

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Title _____

Email _____

Phone _____