



International Program Membership Application

Program Information

University/Institution _____

Program Name _____

Degree Awarded _____

Mailing Address _____

City _____

State _____ Zip Code _____

Country _____ Website _____

Regional Accreditation

MSA
NCA
NEASC
NWCCU
SACS
WASC
Other _____

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 _____

Membership Type Requested

International

Developing Country

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 page.

Membership Roster – International Membership includes membership access for up to three 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 _____