



## 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**

Full Graduate

Specialty Accrediting Organization \_\_\_\_\_

Date Accredited Through \_\_\_\_\_

Associate Doctoral

Associate Graduate

Associate Undergraduate

**Number of Students**

Under 500

500 +

**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](mailto: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** – Please provide the contact information for any faculty and staff to be included in the roster. They will receive AUPHA log in and membership information. Adjunct faculty are also eligible.

**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

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 \_\_\_\_\_