



Developing Program Membership Application

Program Information

University/Institution _____

Program _____

Future Degree _____

Mailing Address _____

City _____

State _____ Zip Code _____

Country _____ Website _____

Regional Accreditation

MSA

NCA

NEASC

NWCCU

SACS

WASC

Other _____

The program will be::

In Person Only

Online only

In Person and Online

In what academic setting will the program housed?

Allied Health

Business/Management

Graduate Studies

Health Professions/Health Sciences Medicine

Nursing

Public Administration/ Public Services /Public Affairs

Public Health

Other _____

Expected date of first student enrollments

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 Roster on the following pages.

Roster – Please provide the contact information for the Primary Contact and up to 4 additional faculty and staff to be included in the roster. They will receive AUPHA log in and membership information. Adjunct faculty are eligible.

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

Name _____

Honorifics _____

Title _____

Email _____

Phone _____

Billing Contact - the financial contact for the program membership. Will receive copies of invoices for dues and fees.

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 _____