

Name of University:		
Name of Program:		
Address:		
Phone:		
E-mail:		
Chapter Advisor:		
Chapter Advisor E-Mail:		
AUPHA Membership Status:	Full Graduate Associate Graduate Full Certified Undergraduate Associate Undergraduate	

Annual UPD Chapter Dues are \$100. Send a copy of this form and a check to the address below or email the form to aupha@aupha.org and call to pay via credit card.