

FOR OFFICE USE ONLY								
MENTOR	DUES RECEIVED							

## **MEMBERSHIP APPLICATION**

	NAME:	BIRT	HDATE:						
	PREFERRED FIRST AND LAST					I / DATE			
AD	DRESS:		PHONE:						
			EMAIL:						
1.	How did you first learn about HASP?	2.		lated to any nes and you				mbers, please	
	HASP Member								
	Hope College Affiliation, Employee, or Alumnus Mailing or Advertisement								
	HASP Website or Internet Search								
	Other								
3.	EDUCATIONAL BACKGROUND. Please list institutions, deg	grees,	and/or areas	of study.					
4.	PROFESSIONAL BACKGROUND. Please list companies, o	rganiz	ations, affiliati	ons, and/or jo	b title:	<u>s.</u>			
5.	HOBBIES / SPECIAL INTERESTS.								
6.	Are you interested in presenting or co-presenting a HAS	P cou	rse?			 /ES		NO	
	If YES, in which subject areas would you consider present								
_		_							
7.	Would you be interested in volunteering in the HASP offi	ice or	on a HASP co	ommittee?		/ES		NO	
	Front Desk Volunteer			ırriculum Con					
	Communications Committee  Membership Committee		Humanities				ırriculı	um Committee	
	Monthly Program Committee			nces Curriculu					
	Service Committee		Course Coo						
	Special Events Committee		Course Tecl	hnician					
8.	NEWSLETTER: How would you prefer to receive your mo	onthly	HASP newsl	etter?	□ E	EMAIL		PRINT / MAIL	
<b>▶</b> I	▶ I acknowledge that my membership is not complete until membership dues are received and processed by the HASP staff.								
	DUES IF JOINING JULY 1 – DECEMBER 31 \$1	125.00				,			
	DUES IF JOINING <b>JANUARY 1 – MAY 30</b> \$	75.00	(prorated)						
Che	ecks should be made payable to <b>HOPE COLLEGE</b> and mailed	d to:	_			SIGNATU	DE		
	HASP at Hope College				3	,iGIVA I U	IXE		
	100 E 8th Street, Suite 150		_			DATE			
	Holland, MI 49423					DATE			