HASP HOPE ACADEMY OF SENIOR PROFESSIONALS at Hope College

MEMBERSHIP APPLICATION

LEGAL FIRST NAME	MIDDLE INITIAL	LAST NAME	
PREFERRED FIRST NAME (OPTIONAL)		BIRTHDATE (MONTH / DATE / YEAR)	
STREET ADDRESS		CITY / STATE / ZIP	
EMAIL		CELL PHONE	HOME PHONE
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	EMERGENCY CONTACT RELATIONSHIP

1. **How did you first learn about HASP?** ***Check all that apply.***

☐ HASP Member (Who? _____)

☐ I attended a HASP event (When? _____)

☐ I am affiliated with Hope College (How? _____)

☐ Other _____

2. **What are your hobbies, interests, or current activities?**

3. **Please describe your educational background** *(institutions, certifications, degrees, and/or areas of study, etc.)***.**

4. **Please describe your professional background** *(companies, organizations, affiliations, and/or job titles, etc.)***.**

5. **Do you wish to be included in the HASP Membership Directory?** ☐ YES ☐ NO

If YES, may we include your (check all that apply): ☐Picture ☐ Name ☐ Contact Info

► I acknowledge that my membership is not complete until my dues are processed by the HASP staff (credit and debit only). Applications can be dropped off in person or mailed to: HASP at Hope College, 100 E 8th Street, Suite 150, Holland, MI 49423

DUES IF JOINING **JULY 1 – DECEMBER 31** **$150.00**

DUES IF JOINING **JANUARY 1 – APRIL 30** **$ 90.00** (*prorated*)

SIGNATURE _____ DATE _____