



INTERNATIONAL ASSOCIATION FOR HUMAN CARING



Membership Application

PLEASE PRINT THIS FORM AND MAIL OR FAX TO IAHC

Annual membership -- January 1 - December 31

Membership is payable in US Dollars or by credit card

Basic Membership - \$85

Student/Retiree Membership - \$38

Institutional Membership - \$210

Contributory Membership - \$300

President's Circle Membership - \$500

Lifetime Membership - \$2,000

Name	
Home Address	
City	
State	
Zip	
Country	
Home Phone	
Office Phone	
FAX	
Email	
Institution Application	

Membership Selected: _____

Tax deductible contribution to:

Further the work of the IAHC \$ _____

Donation to Leininger Foundation Scholarship Fund \$ _____

Total amount enclosed \$ _____

Credit card (Circle one): Visa Mastercard Discover

Credit card # _____ Name on credit card _____

Expiration date _____ Signature _____

Make checks payable to:

IAHC, Inc., 2090 Linglestown Road

Suite 107

Harrisburg, PA 17110

Phone: (717) 703-0033 | Fax: (717) 234-6798