

# American Health Association

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Best Contact Telephone: \_\_\_\_\_

## ACCEPTANCE FORM

I, \_\_\_\_\_, have been informed of the benefits  
Print Name

and responsibilities of membership in the *American Health Association*. I am aware of the by-laws under which the association operates and understand the nature of those by-laws, that include but are not limited to, the use of administrative remedies and Arbitration to resolve disputes. In consideration for the benefits of membership, I agree to join the *American Health Association* as of the date below. I also agree to abide by all of the association's by-laws, rules and regulations as they exist now and as they may be amended in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date