**\*Professional\* InSOPHE Membership Application - 2017**

**Membership includes:**
Reduced fees for workshops \* Quarterly newsletter \*Monthly Listserv News \* Reduced InSOPHE dues, if you are a national member of SOPHE \*Opportunities for MCHES/CHES hours \*On-line Membership Directory \*Access to members-only area of website \* Networking opportunities \*Job and internship alerts

**Membership Information (please print)** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Degree(s)/Certification(s) and Colleges\_\_\_\_\_\_\_

 Universities Graduated From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Work Information:***

Title: Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: Work Fax: Work e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Home Information (optional):***

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

City: State: Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Home Fax: Home e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred e-mail/mailing address:  Work address  Home address

Preferred Information to be included in Membership Directory:  Work address  Home address  Neither

Are you a CHES / MCHES? (Circle which one if answer is ‘yes’) CHES or MCHES # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of national SOPHE?  No  Yes

**Committees:**Please indicate the committee(s) on which you are willing to work:
 Advocacy  Bylaws/Leadership  Communications
 Continuing Education  Fall Conference Planning  Membership
 I am not able to serve on a committee at this time.

**Annual Dues:**
 Professional Member $35\*
 Professional, If a Current National SOPHE Member $30\*
**Dues Total Enclosed $\_\_\_\_\_**
\* additional $1 fee when paying online.

Make checks payable to InSOPHE. Mail check & registration to:
InSOPHE \* P.O. Box 44407 \* Indianapolis, IN 46244
**You can also join or renew on-line at:** [**www.insophe.org**](http://www.insophe.org)