

# 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	

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1. ~~How did you learn about HASP?~~  ~~CL~~
- HASP Member (Who? \_\_\_\_\_)
- I attended a HASP event (When? \_\_\_\_\_)
- I am affiliated with Hope College (How? \_\_\_\_\_)
- Other \_\_\_\_\_

2.