

# HEALTH MINISTRIES ASSOCIATION MEMBERSHIP FORM

Please submit your membership dues investment in one of 3 ways:

- On-line through our secure site at [www.HMAAssoc.org](http://www.HMAAssoc.org)
- Mail it through the postal service
- Fax it to the HMA office at (215) 564-2175.

## PAYMENT INFORMATION

Dues - Active Membership \$125.00 \_\_\_\_\_  
Students (full-time)/ or  
Retirees (not deriving income from employment) \$80.00 \_\_\_\_\_  
*The Health Ministry Journal* (Official journal of HMA) - optional \$39.00 \_\_\_\_\_  
My tax deductible gift to further the mission of HMA- optional \$ \_\_\_\_\_

**Total payment:** \$ \_\_\_\_\_

Charge or Check (Circle one)

I authorize HMA to charge my: \_\_\_ VISA, \_\_\_ Master Card, \_\_\_ American Express, the total payment.

Card number: \_\_\_\_\_ Exp.date: \_\_\_\_\_ Signature \_\_\_\_\_

## GENERAL INFORMATION

New members, please complete the information below.

Renewing members, please review the information below and ***make any necessary changes or additions for missing information*** to the right of the data and return to HMA office by mail or fax (215) 564-2175.

DATE: \_\_\_\_\_

MEMBERSHIP #: \_\_\_\_\_

MEMBERSHIP NETWORK: Circle 1: Clergy/Chaplain, Faculty, Faith Community Nurse, Lay Health Minister, Health Educator, Program Coordinator

PREFIX (ex: Rev, Dr, Mr, Ms, Mrs): \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX (ex: Jr., Sr.): \_\_\_\_\_

CREDENTIALS (ex: MS,): \_\_\_\_\_

NICK NAME: \_\_\_\_\_

STREET ADDRESS 1: \_\_\_\_\_

Additional Street address, if needed: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

WORK EXTENSION: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORGANIZATION/EMPLOYER: \_\_\_\_\_

FAITH GROUP (ex: Christian/Jewish/Muslim): \_\_\_\_\_

DENOMINATION (ex: Presbyterian/Reform): \_\_\_\_\_

Member in Local HMA Chapter? Circle: Yes No If yes, which one: \_\_\_\_\_

Do you wish to be listed in the HMA membership directory? Circle: Yes No

***Thanks for your membership investment in HMA!***