



## ADVENTIST HUMAN SUBJECT RESEARCHERS ASSOCIATION

### Membership Application Form

| Name | Email | Telephone |
|------|-------|-----------|
|      |       |           |

| Discipline | Affiliation | Position (student, post-doc, instructor, assistant professor. etc.) |
|------------|-------------|---|
|            |             |   |

| Membership Type (Student or Regular)  |
|---|
| <input type="checkbox"/> Student \$ 10 <input type="checkbox"/> Regular \$ 20 |

| Billing Information   |
|---|
| Street:   |
| City:    State:    Zip: |

*An invoice will be sent to you from Andrews University*

### Mail your Check to:

Adventist Human Subject Researchers Association  
Andrews University  
Admin-3<sup>rd</sup> Floor, Rm 322  
4150 Administration Dr  
Berrien Springs, MI 49104-0355