

**MEMBERSHIP APPLICATION  
ASSOCIATE MEMBER**



**CONTACT INFORMATION**

Name of Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Country: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_ First Name Used: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Direct Fax: \_\_\_\_\_

***Street Address (if different than above)***

Address: \_\_\_\_\_ Country: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**ABOUT THE ORGANIZATION**

Describe Your Organization: \_\_\_\_\_  
\_\_\_\_\_

Why Do You Wish to Be a Member of ISHA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DUES PAYMENT**

**Check the appropriate dues category:**

- For-Profit Corporation..... US\$275.00 annual dues
- Non-Profit Organization..... US\$185.00 annual dues
- Individual..... US\$185.00 annual dues

NOTE: First year dues include a \$50 enrollment fee. Renewal dues are \$50 less than the above fees. Should your membership lapse, the \$50 enrollment fee will apply for reinstatement.

**Please include you first year's dues with this application:**

- Check enclosed payable to ISHA (ONLY U.S. funds drawn on U.S. banks can be accepted.)
- Charge my MasterCard, Visa, or American Express in the amount indicated by the dues category checked above:

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address (Street, State, Zip): \_\_\_\_\_

Return this form, payment, and any attachments to:  
International Sports Heritage Association  
P.O. Box 2384, Florence, OR 97439 USA  
Phone: (541) 991-7315; Fax: (541) 997-3871  
E-mail: [info@sportsheritage.org](mailto:info@sportsheritage.org)