

**MEMBERSHIP APPLICATION  
EMERGING PROFESSIONAL MEMBER**



**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Country: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

**ACADEMIC AFFILIATION**

What academic institution do you attend? \_\_\_\_\_  
What is your focus of study? \_\_\_\_\_  
What year are you in the program? \_\_\_\_\_  
Why Do You Wish to Be a Member of ISHA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your current student ID or transcript to this application**

**DUES PAYMENT**

Emerging Professional..... US\$50.00 annual dues

**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: \_\_\_\_\_ Auth. Code: \_\_\_\_\_

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)