



**SCHOOL-BASED
HEALTH ALLIANCE
of ARKANSAS**

Redefining Health for Kids and Teens

Membership Registration

Date: _____

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Work email: _____

Personal email: _____

Organization: _____

Address: _____ Same as above

City: _____ State: _____ Zip: _____

List up to 3 names and email addresses for organizational members:

Phone: (_____) _____ Fax: (_____) _____

Membership Opportunities

- | | | |
|--|-------|--|
| <input type="checkbox"/> Individual Membership | \$25 | <input type="checkbox"/> New Member |
| <input type="checkbox"/> Organizational Membership | \$100 | <input type="checkbox"/> Renewing Member |
| <input type="checkbox"/> Student Membership | \$5 | |

Please make contributions and membership fees payable to the School-Based Health Alliance of Arkansas.
Return this form with payment to:

School-Based Health Alliance of Arkansas
PO Box 732
Little Rock, AR 72203

admin@sbhaar.org
sbhaar.org