



American Haitian Federation Membership Application

Please type or print clearly. Date ____/____/____

SELECT YOUR MEMBRSHIP OPTION

- Affiliates Membership
 Individual Membership
 Corporate Membership

(MR., MRS., MS., DR.) _____

FIRST NAME _____ M.I. _____

LAST NAME _____

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR MEMBERSHIP
CERTIFICATE _____

JOB TITLE _____

COMPANY _____

ORGANIZATION _____

Business Address

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

Home Address

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

Contact Information

FIRST E-MAIL _____

SECOND E-MAIL _____

BUSINESS PHONE: A REA CODE _____ NUMBER _____ EXT _____

FAX: AREA CODE _____ NUMBER _____

HOME PHONE: AREA CODE _____ NUMBER _____

Please type or print clearly. Date ____/____/____

Please Complete Part 2

By supplying the information above, you consent to being contacted by AHF at the number provided.

How did you first learn about AHF?

What is your preferred mailing address?

Home

Business

If you want to be included in the following, please check each item that applies to AHF:

Products

Services

Events

Do you know of someone else who might be interested in learning about the benefits of AHF Membership?

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: AREA _____ NUMBER _____

E - MAIL: _____

(Students must enclose proof of current enrollment. Do not send separately.)