



**American  
Society  
for  
Circumpolar  
Health**

# Annual Membership Application

**Application Type**    { } new member    { } renewal

Name \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_

Professional Discipline  
or Specialty \_\_\_\_\_

E-mail Address \_\_\_\_\_

Preferred  
Phone Number \_\_\_\_\_

Mailing  
Address (line 1) \_\_\_\_\_

Mailing  
Address (line 2) \_\_\_\_\_

Mailing  
Address (line 3) \_\_\_\_\_

## Membership Dues

- { } Standard (\$65)
- { } Reduced (\$30)  
Student — Over 55 and Not Working — Income Below \$15,000/year
- { } Emeritus (\$0)  
20+ year Member of ASCH and Retired
- { } Institutional  
\$250 or \$1/person in member organization (whichever is greater)

## Contribution to the American Society for Circumpolar Health

I have added a Contribution of \$\_\_\_\_\_.

Please make this check—for the total of Dues and Contribution—payable to the  
*American Society for Circumpolar Health*.

## Contribution to the Hart Hansen Memorial Fund

Established for Scholarships and Mentoring, in memory of Dr. Jens Peder Hart Hansen.

I have included a Contribution on a separate check for \$\_\_\_\_\_.

Please make this check payable to the *Hart Hansen Memorial Fund*.

## Mailing

In a single envelope, please mail checks and this application to

Secretary  
American Society for Circumpolar Health  
P.O. Box 242822  
Anchorage, Alaska 99524