

Renew Online: www.shea-online.org/about/overview.cfm

Full Name of Applicant Degree(s) Date

Institution/Organization Job Title

Mailing Address

City State Zip/Postal Code Country

Phone Fax Email

Member

Domestic **\$175** (US/Canada) International **\$240** Developing Country **\$60** (E-Journal)

Member-in-Training

Domestic **\$95** (US/Canada) International **\$130** Developing Country **\$60** (E-Journal)

____ / ____ /20 to ____ / ____ /20

Beginning and Ending Dates of Training Name of Training Program Director

Emeritus Member

Domestic **\$110** (US/Canada) International **\$160** Developing Country **\$60** (E-Journal)

Associate Member

Domestic **\$115** (US/Canada) International **\$180** Developing Country **\$60** (E-Journal)

Corporate Member

Domestic **\$230** (US/Canada) International **\$295**

Payment Information

Dues in the amount of \$ _____ .00

Check Number _____ MasterCard Visa American Express Discover

Credit Card Number Expiration

Signature Print Cardholder's Name