



# Society for Occupational Health Psychology 2010 Membership Renewal

TODAY'S DATE (Month/Day/Year): \_\_\_\_\_

LAST NAME / SURNAME / FAMILY NAME: \_\_\_\_\_

FIRST NAME / GIVEN NAME: \_\_\_\_\_

What type of membership are you renewing?

- |  |  |          |
|--|--|----------|
| <input type="checkbox"/> Full Member                       | <input type="checkbox"/> check here if upgrading from Student membership | \$55 USD |
| <input type="checkbox"/> Professional Member               |  | \$55 USD |
| <input type="checkbox"/> Student Affiliate                 |  | \$25 USD |
| <input type="checkbox"/> International Affiliate Member*   | *This option only available to Full & Associate Members of EA-OHP        | \$45 USD |
| <input type="checkbox"/> International Student Affiliate** | **This option only available to Student Affiliate Members of EA-OHP      | \$20 USD |

### Payment Information

- Check: Check No. \_\_\_\_\_ [Make check payable to *SOHP*] Amount (USD) \$ \_\_\_\_\_
- Credit Card:  MC  VISA Card No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Exp. Date (Mo/Yr) \_\_\_\_ / \_\_\_\_ 3 digit security code (CCV#) on the back of your card \_\_\_\_\_
- Payment by credit card requires billing address verification. Please provide your complete billing address here:  
ADDRESS LINE 1: \_\_\_\_\_  
ADDRESS LINE 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
Signature: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please mail this form with payment for your 2010 dues to the SOHP Membership Chair at the address below:

Attn: Prof. Mo Wang  
Membership Chair, SOHP  
Department of Psychology  
University of Maryland  
College Park, MD 20742

CHANGES: Complete the remainder of this form ONLY if there are changes we need to enter in our database.

ADDRESS LINE 1: \_\_\_\_\_  
ADDRESS LINE 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

- Highest degree completed?  Bachelor's  Master's  Ph.D.  Other: \_\_\_\_\_
- Which university granted your highest degree? \_\_\_\_\_
- What year did you obtain your highest degree? \_\_\_\_\_
- Are you currently enrolled in an OHP related graduate program?  Yes  No