



Society for Occupational Health Psychology 2008 Membership Renewal

TODAY'S DATE (Month/Day/Year): _____

LAST NAME / SURNAME / FAMILY NAME: _____

FIRST NAME / GIVEN NAME: _____

What type of membership are you renewing?

- Regular membership (Full Member) \$55 USD check here if upgrading from Student
- Professional membership (Professional Member) \$55 USD
- Student membership (Student Affiliate) \$25 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. If your billing address is different from your SOHP mailing address, 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 2008 dues to the SOHP Membership Chair at the address below:

Attn: Prof. Mo Wang
 Membership Chair, SOHP
 Department of Psychology
 Portland State University
 Portland, OR 97207

Complete the remainder of the 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: _____

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