



Affiliate of the AHA Application

Affiliate Name: _____ Date: _____

Name of Affiliate Leader: _____

Affiliate Mailing Address: _____

Affiliate Meeting Address: _____

Affiliate Email: _____

Affiliate Phone: _____

Affiliate Website/Social Media: _____

AFFILIATE MEMBERS

Need at least five members. They do not need to be AHA members.

1. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

4. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

2. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

5. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

3. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE

6. _____
SIGNATURE

NAME (Please Print)

ADDRESS

CITY

STATE ZIP PHONE