



Membership Application

(Please include all possible information)

Name						Date
Email						Phone number
Address	<i>street / po box</i>	<i>city</i>	<i>state</i>	<i>zip /postcode</i>	<i>country</i>	
Current Occupation						
Current Employer						
Educational Background	<i>College/University</i>		<i>Degree/Major</i>			
Graduate School	<i>University</i>		<i>Degree/Major</i>			
Postgraduate/Residency/Fellowship						
Other Degrees/Certifications						

Interests (Please check all that apply)

Mentoring Youth	Patient Care	Preventive Health
Adult Education	Health Policy	Nutrition/Fitness
Health Administration	Emergency Care	Physical Therapy
Social Impact of Health-care	Reproductive Health	Substance Abuse
Alternative/Herbal Medicine	Geriatric Health	Mental Health
HIV/ STI's	Genetic Disorders	Malaria
Cardiovascular Disorders	Immune Diseases	Cancer/Malignancies
Other Parasitic Infections	Other <input type="checkbox"/>	

Membership Dues

\$10.00/ £6.50/ \$14.00 per quarter
Collected on a quarterly basis

By checking this box, I agree to become a member of REACH and to receive information periodically about upcoming projects and events. I understand that I am required to participate in at least one project every other year.

Initial