

**Association of Personal Historians, Inc. (APH)
Membership Application Form**

Yes, I would like to join APH

- As a Full Member (annual dues: \$200 USD)
- As an Associate Member (annual dues: \$150 USD).
- As an Introductory Member (dues for one year only: \$125 USD).
- As a partner of a Full Member who has invited me to join (annual dues: \$120 USD).
(Name of inviting member _____)
- Yes, I agree to uphold the professional standards and core values described in the APH Code of Ethics

Signature: _____

New Account information: (please print clearly)

Email address: _____

Case-sensitive password (no more than 12 characters): _____
(Your email address and password will allow you to access your profile once we activate your membership.)

First Name: _____

Last Name: _____

Nickname: _____

Address fields are required:

Street Address: _____

City: _____

State or Province: _____ Zip or Postal Code: _____

Country: _____ Phone: _____

Business Information:

Business name (if any): _____

Business Title: _____

Website (if live): http://_____

(After your dues have been received and we activate your membership, we'll send you information about how to add a description of your business, along with the skills and services you offer.)

APH Membership Application Form cont...

Brief Questionnaire: (choose only one response in each category)

Reason For Joining APH: ___ I'm checking out the field of Personal History.
___ I want to do Personal History as a hobby.
___ I lack experience and want to build a Personal History business.
___ I'm experienced in a related field and want to build a Personal History business.
___ I'm already an experienced Personal Historian and want to continue to learn.
___ Other _____

Your Current Business Status: ___ Full time
___ Part time
___ Just beginning
___ Not yet started
___ Not intending to build a business
___ Other _____

Impetus To Join APH: ___ Found the APH website (Google or other search)
___ Found the APH website referenced on another website
(please enter the website URL) _____
___ From an APH member (enter name) _____
___ From a friend, family member or colleague (word of mouth)
___ From a magazine, newspaper, book or TV show
(enter name of source) _____
___ Other (comments) _____

Dues amount enclosed: _____

**Please make check or money order payable to the Association of Personal Historians.
Mail with application form to:**

Amanda Kuhnert, APH Admin
PO Box 3362
Stowe, VT 05672

If you have questions, you can contact Amanda at admin@personalhistorians.org
or by phone at 802-371-9777 (cell)

You can review the Members Benefit Chart on the APH website at
<http://www.personalhistorians.org/downloads/join/member-benefits-chart.pdf>

You can read the APH Code of Ethics on the APH website at
http://www.personalhistorians.org/about/code_ethics.php