ASDAH Membership Application

If you wish to join the Association of Seventh-day Historians (ASDAH) as a member, please complete this form and forward it to the contact address listed on the ASDAH website, together with a check covering the current membership due. You will be notified when your application has been approved.

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| --- | --- |
| **Title:** | Dr. Prof. Mr. Mrs. Ms. (Select one or write in) |
| **First Name:** |  |
| **Middle Initial(s):** |  |
| **Last Name:** |  |
| **Institution:** |  |
| **Address1:** (Street) |  |
| **Address2:** (City) |  |
| **Address3:** (State, Zip, Country) |  |
| **Area of Interests:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Date of Application:** | MM/DD/YYYY |

Last updated 02/19/20222