



OBHA Student Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home Phone: _____

Email: _____

University

Name of University: _____

City: _____ State: _____ Zip: _____

Major: _____ Graduation Date: _____

Clubs / Academic Roles / Internship Positions *(Please list any currently held positions / memberships)*

Please check interests:

<input type="checkbox"/> Training / Workshops	<input type="checkbox"/> Internship Opportunities	<input type="checkbox"/> Volunteer with OBHA or Member Agency
<input type="checkbox"/> University Liaison	<input type="checkbox"/> Facility Tours	<input type="checkbox"/> Interest in Board Member Position

OBHA Student Memberships are one-year terms, renewing annually on the initial registration date and will remain in effect for one-year unless terminated by either party. Dues are paid on a net-30 policy, with Membership cancellation following the 31st day of non-payment.

Student Membership Dues: \$45.00

Name

Date

Please return this completed Membership Application to:

Oklahoma Behavioral Health Association

PO Box 7328 Oklahoma City, OK 73083

Or – Liz@OKBHA.Org

