

Auburn University
Health & Hospital Administration Organization

Membership Application:

Name: _____

Last

First

MI

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Major: _____ Classification _____

T-Shirt Size: _____

Areas of interest within Healthcare Administration:

Please list any extracurricular activities or volunteer services:

Please give a brief statement of your expectations of HHAO:

- Note:
- Membership is required for participation in all HHAO functions.
 - Dues of \$ 30 must be paid to be a member of HHAO.

The HA program is housed in the Department of Political Science
7080 Haley Center, Auburn University, AL 36849 – www.auburn.edu/hhao