Name (First and Last)  
Mailing Address  
City, State, Zip Code  
Email Address  
Home Phone  
Cell Phone  
Work Phone (if applicable)  
Current Employer (if applicable)  
Current Title (if applicable)  

Degree program/major you are currently enrolled in (check one):  
Undergraduate:  
___ DPH—Health Promotion  
___ DPH—Health Policy & Administration  
___ Allied Health  
___ Nursing  
___ Business  
___ Other (please list)__________________________  

Graduate:  
___ MPH—Health Education  
___ MPH—Epidemiology and Biostatistics  
___ MPH—Health Policy and Administration  
___ MPH—Health Policy and Administration (Executive)  
___ MPH—MBA Dual Degree  
___ MPH—MS in Anthropology Dual Degree  
___ Nursing  
___ Business  
___ Other (please list)__________________________  

Anticipated Graduation Date:  
Semester: ____________________  
Year: ________________________  

Please submit completed HASA Membership Application with your $15.00 membership fee (checks made payable to “Health Administration Student Association”) to:  
The University of Southern Mississippi  
Department of Public Health  
Health Administration Student Association  
118 College Drive #5122  
Hattiesburg, MS 39406-0001