



**RAY E. HELFER SOCIETY  
REGULAR MEMBERSHIP APPLICATION**

**Applicant Information**

Name		
Present Position		
Department / Division		
Institution		
Street Address		
City		State
Zip	Phone	Fax
Email		
Specialty / Subspecialty		

**Current Child Abuse Related Activities (clinical / scholarly / advocacy/ training)**


(continue on separate sheet if necessary)

**Sponsorship Information** Sponsor's must be active Ray Helfer Society members.

Primary sponsor name		
Institution		
Street address		
City		State
Zip	Phone	
Fax	Email	
Seconding sponsor name		
Institution		
Street address		
City		State
Zip	Phone	
Fax	Email	

**Please turn over and complete payment information on reverse side.**

**Payment Method - \$20 application fee required for processing**

Check # \_\_\_\_\_       Visa    MasterCard    Amex    Discover

Card # \_\_\_\_\_

Sec. Code \_\_\_\_\_ Expires \_\_\_\_\_

Name on Card \_\_\_\_\_

**Total Amount Enclosed**   \$ \_\_\_\_\_

Fax this New Member form with payment to 630.359.4274. Mail form with check/credit card information to:

The Ray E. Helfer Society  
350 Poplar Avenue  
Elmhurst, IL 60126

If you are paying by credit card, you may also scan your completed form and e-mail it to [dbandy@helpersociety.org](mailto:dbandy@helpersociety.org).