



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

Scholar Applicant Information

Scholar applicant's name:		
Present position:		
Department / Division:		
Institution:		
Street Address:		
City:		State:
Zip:	Phone:	Fax:
Email:		

Director of Child Abuse Training

Name of Training Director:		
Institution:		
Department / Division:		
Street Address:		
City:		State:
Zip:	Phone:	Fax:
Email:		

Dates of training:

Sponsor (if different than training director) Sponsor must be a full member of the Ray Helfer Society

Name:		
Institution:		
Street address:		
City:		State:
Zip:	Phone:	
Fax:	Email:	

Sponsor's Remarks:

I, _____, sponsor this applicant for Helfer Scholar status. I believe that this applicant will embrace the goals of the Society, wishes be a Helfer Society Scholar, and is deserving of this recognition.
Signature of sponsor _____
Date _____

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.