



# Georgia Public Health Association

## Individual Membership Application/Renewal

### MEMBER CONTACT INFORMATION

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mailing Preference:**     Home             Work

**Membership:**             New                 Renewal

**Month/Year of Application:** \_\_\_\_\_

**APHA Member**             Yes                 No

### MEMBER TYPE

- General Member                    \$60
- Career Development Member    \$35
- Retiree Member                    \$30

### SECTION AFFILIATION

*General Members* have a choice of one Section Affiliation included in their membership dues

*Career Development Members* are automatically enrolled in the Career Development Section

*Secondary Affiliations* and/or *Section Affiliation for Retiree Members* will increase the membership fee by \$5 per section

*Please indicate your Section(s) below.*

- Academic
- Administration
- Boards of Health
- Career Development
- EMS/Emergency Preparedness
- Environmental Health
- Epidemiology
- Health Education & Promotion
- Health Information & Information Technology
- Maternal & Child Health
- Medical/Dental
- Nursing
- Nutrition

#### If you are a Career Development member, in which Program are you enrolled?

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> BHS            | <input type="checkbox"/> MPH/MD     |
| <input type="checkbox"/> BS Certificate | <input type="checkbox"/> MPH/Mdiv   |
| <input type="checkbox"/> Certificate    | <input type="checkbox"/> MPH/MSN    |
| <input type="checkbox"/> DrPH           | <input type="checkbox"/> MPH/MTS    |
| <input type="checkbox"/> MD/MPH         | <input type="checkbox"/> MPH/PA     |
| <input type="checkbox"/> MHA            | <input type="checkbox"/> MPH/PharmD |
| <input type="checkbox"/> MHSA           | <input type="checkbox"/> MPH/PhD    |
| <input type="checkbox"/> MPH            | <input type="checkbox"/> MS         |
| <input type="checkbox"/> MPH/BS         | <input type="checkbox"/> MSc        |
| <input type="checkbox"/> MPH/DPT        | <input type="checkbox"/> MSM        |
| <input type="checkbox"/> MPH/DVM        | <input type="checkbox"/> MSPH       |
| <input type="checkbox"/> MPH/JD         | <input type="checkbox"/> MSSM       |
| <input type="checkbox"/> MPH/MA         | <input type="checkbox"/> MSW        |
| <input type="checkbox"/> MPH/MBA        | <input type="checkbox"/> PhD        |
| <input type="checkbox"/> MPH/MD         | <input type="checkbox"/> SM         |

#### Which School of Public Health do you attend?

- Armstrong Atlantic State University
- Emory University
- Fort Valley State University
- Georgia Regents University
- Georgia Southern University
- Georgia State University
- Mercer University
- Morehouse School of Medicine
- University of Georgia

Submit payment and application to:

**GA Public Health Association**  
**P.O. Box 1599**  
**Atlanta, GA 30301**  
 or  
**Fax 706-484-2764**  
 or  
**On-line [www.gapha.org](http://www.gapha.org)**

*If you have questions about membership, please contact GPHA at (404) 861-8423 or [director@gapha.org](mailto:director@gapha.org)*

### PAYMENT

Membership Fee	\$ _____
Additional Section Fees	_____
Total Enclosed	\$ _____

Payment Method:     CHECK                    CREDIT CARD:           

Card Number: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_