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

GeneralMember	$60
Career Development Member	$35
Gift Membership	$35
Gifted by: _____	
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?

HS	MPH/Mdiv
BS Certificate	MPH/MSN
Certificate	MPH/MTS
DrPH	MPH/PA
MD/MPH	MPH/PharmD
MHA	MPH/PhD
MHSA	MS
MPH	MSc
MPH/BS	MSM
MPH/DPT	MSPH
MPH/DVM	MSSM
MPH/JD	MSW
MPH/MA	PhD
MPH/MBA	SM
MPH/MD	Other

Which School of Public Health do you attend?

- Armstrong Atlantic 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
- Other

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

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

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Payment Method: ☐ CHECK **CREDIT CARD:** ☐ VISA ☐ MasterCard ☐ American Express Cards

Card Number: _____ _____ **Exp.** ____/____ **CVV:** _____

Name on Card: _____ **Signature:** _____

PAYMENT

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

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