



# 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 (Student)	\$35
Gift Membership	\$35
<i>Gifted by:</i> _____	
Retiree Member	\$30

### SECTION AFFILIATION

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

*Career Development (Student) Members* are automatically enrolled in Career Dev 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 (Student)
- 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 (Student) 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](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: \_\_\_\_\_