



**Georgia Public Health Association**  
 Board of Health Membership Application/Renewal

**Membership Contact Information**  
*(Please Complete All Sections)*

**Board of Health:**

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**Contact Person:**

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**Address:**

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**City/State:**

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**Contact Email:**

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**Phone:**

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**Fax:**

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**MEMBERSHIP TYPE**

Board of Health Membership  
\$260

Includes 7 Board of Health members

Please provide contact information  
for each member

**SECTION AFFILIATION**

BOH members are automatically enrolled in the Board of Health Section. Additional Section Affiliations increase the total membership fee by \$5 per section.

- 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

*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           \$ 260.00

Additional Section Fees   \_\_\_\_\_

Total Enclosed            \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Payment Method:    CHECK      CREDIT CARD:            

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

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

**Member 1**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No

**Member 2**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No

**Member 3**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No

**Member 4**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No

**Member 5**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No

**Member 6**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No

**Member 7**

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

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section(s): \_\_\_\_\_ APHA Member? (Circle One) Yes No