



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

- Active Member \$60
- Career Development Member \$30
- Retiree Member \$30

SECTION AFFILIATION

Active 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

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

PAYMENT

Membership Fee \$ _____

Additional Section Fees _____

Total Enclosed \$ _____

Total Paid: \$ _____

Payment Method: CHECK CREDIT CARD:   

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

Name on Card: _____ Signature: _____