



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 ☐ \$50

STUDENT MEMBER ☐ \$25

RETIREE ☐ \$25

SECTION AFFILIATION

Active Members have one Section Affiliation included in their membership.

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

Please indicate your section(s) below.

- ☐ Academic
- ☐ Administration
- ☐ EMS/Emergency Preparedness
- ☐ Environmental Health
- ☐ Epidemiology
- ☐ Governance
- ☐ Health Education & Promotion
- ☐ Health Information & Information Technologies
- ☐ Laboratory
- ☐ Maternal & Child Health
- ☐ Medical/Dental
- ☐ Nursing
- ☐ Nutrition

TOTAL DUE:

\$ _____

☐ CHECK (enclosed)

CREDIT CARD: ☐



☐



☐



Card Number: | | | | | | | | | | | | | | | |

Signature: _____ Exp. ____/____ CVV: _____

RETURN TO: GPHA Executive Office, 2711 Irvin Way, Suite 111, Decatur, GA 30030 Fax: 404-299-7029

If you have questions about your membership, please contact GPHA at (678) 302-1132 or kathryn@gapha.org.