



INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL

MEMBER TYPE

- ACTIVE MEMBER** \$50
- STUDENT MEMBER** \$25
- RETIREE MEMBER** \$25

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

SECTION AFFILIATION

Active Members have one Section Affiliation included in their membership. Student Members are automatically enrolled in the Career Development Section.

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

Please indicate your section(s) below.

- Academic
- Administration
- Behavioral Health
- Boards of Health
- Career Development
- EMS/Emergency Preparedness
- Environmental Health
- Epidemiology
- Health Education & Promotion
- Health Information & Information Technology
- Laboratory
- Maternal & Child Health
- Medical/Dental
- Nursing
- Nutrition
- Office Personnel
- Primary Health Care

<p>TOTAL DUE:</p> <p>\$ _____</p>	<p><input type="checkbox"/> CHECK (enclosed) CREDIT CARD: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>Card Number: </p> <p>Signature: _____ Exp. ____/____ CVV: _____</p>
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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.