



Georgia Public Health Association Organizational Membership Application/Renewal

Membership Contact Information *(Please Complete All Sections)*

Organization: _____

Contact Person: _____

Address: _____

City/State: _____

Contact Email: _____

Phone: _____

Fax: _____

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*

MEMBERSHIP TYPE

Organizational Membership
\$275

Includes 5 individual members

Please provide contact information
for each member

SECTION AFFILIATION

One Section Affiliation included with membership. 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

PAYMENT

Membership Fee	\$ 275.00
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