



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:

Payment:

Membership

\$ 275.00

Additional section fees: _____

Total Enclosed \$ _____

Membership Type

**Organizational Member
\$275**

**Includes 5 individual members
(Please provide contact
information for each member.)**

Submit payment and application
to:

**GA Public Health
Association**

**2711 Irvin Way, Suite 111
Decatur, GA 30030**

or

**Pay by credit card
online: www.gapha.org**

SECTION AFFILIATION

Members listed below have one Section Affiliation included with their membership. Additional section affiliations will increase the total membership fee by \$5 per section.

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

Member 1

Name: _____

Title/Organization: _____

Address: _____

Phone: _____ Email: _____

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

Member 2

Name: _____

Title/Organization: _____

Address: _____

Phone: _____ Email: _____

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

Member 3

Name: _____

Title/Organization: _____

Address: _____

Phone: _____ Email: _____

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

Member 4

Name: _____

Title/Organization: _____

Address: _____

Phone: _____ Email: _____

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

Member 5

Name: _____

Title/Organization: _____

Address: _____

Phone: _____ Email: _____

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