



## 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](http://www.gapha.org)**

#### **SECTION AFFILIATION**

Individual members have one Section Affiliation included in their membership. Additional section affiliations will increase the total membership fee by \$5 per section.

Academic  
Administration  
Behavioral Health  
EMS/Emergency Preparedness  
Environmental Health  
Epidemiology  
Governance  
Health Education & Promotion  
Health Information & Information Technologies  
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): \_\_\_\_\_