



## Georgia Public Health Association, Inc.

### Board of Health Membership Application

#### Membership Contact Information

(Please Complete All Sections)

Board of Health:

Contact Person:

Address:

City/State:

Zip:

Contact Phone:

Contact Email:

#### Membership Type

Board of Health Member  
\$245

Includes all 7 members  
of the board

(Please provide contact  
information for all  
of your Board of Health  
members)

#### Payment:

Membership: \$ 245.00

Credit Card

# \_\_\_\_\_

Total \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Organizational check: # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Name as appears on

Card: \_\_\_\_\_

State Voucher: # \_\_\_\_\_

*Visa, MasterCard, Discovery, AMEX (Circle one)*

#### Member 1

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

#### Information for membership:

Is this a current member? Yes No

Is this a renewal? Yes No

APHA Member\* Yes No

**Member 2**

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

**Information for membership:**

Is this a current member? Yes No

Is this a renewal? Yes No

APHA Member\* Yes No

**Member 3**

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

**Information for membership:**

Is this a current member? Yes No

Is this a renewal? Yes No

APHA Member\* Yes No

**Member 4**

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

**Information for membership:**

Is this a current member? Yes No

Is this a renewal? Yes No

APHA Member\* Yes No

**Member 5**

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

**Information for membership:**

Is this a current member? Yes No

Is this a renewal? Yes No

APHA Member\* Yes No

### Member 6

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

#### **Information for membership:**

Is this a current member?      Yes      No

Is this a renewal?                Yes      No

APHA Member\*                    Yes      No

### Member 7

Name:

Title/Organization:

Address:

City/State:

Zip:

Phone:

Email:

#### **Information for membership:**

Is this a current member?      Yes      No

Is this a renewal?                Yes      No

APHA Member\*                    Yes      No