

Georgia Public Health Association, Inc.

Board of Health Membership Application

Membership Type

Membership Contact Information (Please Complete All Sections)

Contact Person: Address: City/State: Contact Phone: Contact Email: Payment: Membership: \$ 245.00 Credit Card # Total \$ Exp. Date: Amount: \$ Name as appears on Card: Visa, MasterCard, Discovery, AMEX (Circle one) Member 1 Name: Title/Organization: Address: City/State: Zip: Includes all 7 members of the board (Please provide contact information for all of your Board of Health members) Credit Card # Exp. Date: Name as appears on Card: Visa, MasterCard, Discovery, AMEX (Circle one) Member 1 Name: Title/Organization: Address: City/State: Zip: Information for membership: Is this a current member? Yes No Is this a renewal? Yes No APHA Member* Yes No APHA Member* Yes No APHA Member Yes No APHA Me	Board of Health:			Board of Health Member \$245			
City/State: Zip: (Please provide contact information for all of your Board of Health members) Payment: Membership: \$ 245.00	Contact Person:			'			
Contact Phone: Contact Email: Payment: Membership: \$ 245.00	Address:						
Contact Email: Payment: Membership: \$ 245.00	City/State:	Zip:					
Contact Email: Payment: Membership: \$ 245.00				of your Board of Health			
Membership: \$ 245.00				members)			
Membership: \$ 245.00	Payment:						
Total \$ Exp. Date: Organizational check: # Name as appears on Card: Amount: \$ 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							
Organizational check: # Card: Amount: \$ 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							
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	Organizational check: # Amount: \$	Name as appears on Card:	ame as appears on ard:				
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			Visa, MasterCard, D.	Visa, MasterCard, Discovery, AMEX (Circle one)			
Address: City/State: Zip: Phone: Email: Information for membership: Is this a current member? Yes No Is this a renewal? Yes No							
City/State: Zip: Phone: Email: Information for membership: Is this a current member? Yes No Is this a renewal? Yes No	Title/Organization:						
Phone: Email: Information for membership: Is this a current member? Yes No Is this a renewal? Yes No	Address:						
Information for membership: Is this a current member? Yes No Is this a renewal? Yes No	City/State:			Zip:			
Information for membership: Is this a current member? Yes No Is this a renewal? Yes No	Phone:						
Is this a current member? Yes No Is this a renewal? Yes No	Email:						
Is this a renewal? Yes No							

Member 2					
Name:		Information for membership:			
Title/Organization:		Is this a current member? Is this a renewal?	Yes Yes	No No	
Address:		APHA Member*	Yes	No	
City/State:	Zip:				
Phone:					
Email:					
Member 2					
Member 3 Name:		Information for members	hin.		
		Information for members Is this a current member?	Yes	No	
Title/Organization:		Is this a renewal?	Yes	No	
Address:		APHA Member*	Yes	No	
City/State:	Zip:				
Phone:					
Email:					
Member 4 Name:		1.6. 2.6. 1			
		Information for members Is this a current member?	nıp: Yes	No	
Title/Organization:		Is this a renewal?	Yes	No	
Address:		APHA Member*	Yes	No	
City/State:	Zip:				
Phone:					
Email:					
Member 5					
Name:		Information for members			
Title/Organization:		Is this a current member?	Yes	No	
Address:		Is this a renewal? APHA Member*	Yes Yes	No No	
City/State:	Zip:				
Phone:					
Email:					

Member 6 Name:		Information for members	hip:	
Title/Organization:		Is this a current member? Is this a renewal?	Yes Yes	No No
Address:		APHA Member*	Yes	No
City/State:	Zip:			
Phone:				
Email:	_			
Member 7				
Name:		Information for membership:		
Title/Organization:		Is this a current member?	Yes	No
A 11		Is this a renewal?	Yes	No
Address:		APHA Member*	Yes	No
City/State:	Zip:			
Phone:				
Email:				