

Georgia Public Health Association, Inc.

Individual Membership Application

Member Contact Information

(Please Complete All Sections)

Name: _____

Title: _____

Organization: _____

Work Address: _____

City/State: _____

Zip: _____

Work Phone: _____

Fax: _____

Email: _____

Home Address: _____

City/State: _____

Zip: _____

Home Phone: _____

Mailing Preference Home Work

Membership: New Renewal

Month/Year of Application: _____

Recruited By: _____

Are you a member of APHA? Yes No

Form of Payment:

Check or Credit Card

Personal Check No.: _____

Credit Card: Visa MasterCard

Name on Card: _____

Card Number: _____

Expiration (Month/Year): _____

Membership Type

Individual Memberships:

- Active Member - \$40.00
- Student Member - \$20.00
- Retiree - \$20.00

Section Affiliation

Members have one Section Affiliation included in the Membership. Secondary Affiliations will increase the membership fee by \$5.00.

- Administration
- 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

OFFICE USE ONLY: Received: _____

Membership No.: _____ Expiration: _____ Sent: _____

SEND COMPLETED APPLICATION TO:

Georgia Public Health Association

Post Office Box 80524

Atlanta, Georgia 30366-0524

Telephone: (678) 302-1132 FAX: (678) 302-1134

E-Mail: director@gapha.org Web Address: www.gapha.org