

Georgia Public Health Association, Inc.

Organizational Membership Application

Membership Contact Information

(Please Complete All Sections)

Organization: _____

Contact Person: _____

Address: _____

City/State: _____

Zip: _____

Contact Phone: _____

Contact Email: _____

Membership Type

Organizational Member \$250

Includes 5 individual Memberships

Section Affiliation

Members have one Section Affiliation included in the membership. Additional Section(s) are \$5.00 for each.

- | | |
|--------------------------------|---|
| 1 Administration | 8 Health Information & Information Technologies |
| 2 Behavioral Health | 9 Laboratory |
| 3 EMS & Emergency Preparedness | 10 Maternal & Child Health |
| 4 Environmental Health | 11 Medical/Dental |
| 5 Epidemiology | 12 Nursing |
| 6 Governance | 13 Nutrition |
| 7 Health Education & Promotion | 14 Office Personnel |
| | 15 Primary Health Care |

Member 1

Name: _____

Title/Organization: _____

Address: _____

City/State: _____

Zip: _____

Phone: _____

Email: _____

Information for membership:

Section Selection _____

Are you a current member? Yes No

Is this a renewal? Yes No

APHA Member* Yes No

PAYMENT:

Membership: \$ 250.00

Additional Sections: \$ _____

Total \$ _____

Organizational check: # _____
Amount: \$ _____ or

State Voucher: # _____
Amount: \$ _____ or

Credit Card # _____

Exp. Date: _____

Name as appears on Card: _____

Visa or MasterCard only.

<u>Member 2</u> Name:	<u>Member 3</u> Name:
Title/Organization:	Title/Organization:
Address:	Address:
City/State: Zip:	City/State: Zip:
Phone:	Phone:
Email:	Email:
Information for membership: Section Selection _____ Are you a current member? Yes No Is this a renewal? Yes No APHA Member* Yes No	Information for membership: Section Selection _____ Are you a current member? Yes No Is this a renewal? Yes No APHA Member* Yes No
<u>Member 4</u> Name:	<u>Member 5</u> Name:
Title/Organization:	Title/Organization:
Address:	Address:
City/State: Zip:	City/State: Zip:
Phone:	Phone:
Email:	Email:
Information for membership: Section Selection _____ Are you a current member? Yes No Is this a renewal? Yes No APHA Member* Yes No	Information for membership: Section Selection _____ Are you a current member? Yes No Is this a renewal? Yes No APHA Member* Yes No

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