Georgia Public Health Association

Gifted Membership Application

Any GPHA member in good standing may “gift” a one-year initial membership to a non-member at the lower introductory rate this option provides. One Section Affiliation of the member's choice is included with the "gift". Additional sections are available at $5 each. Gifted memberships must come from an individual and not from an agency, association or other organization. A Gifted membership may not be utilized as part of the registration fee for participation in the GPHA Annual Meeting and Conference. The Gifted membership to the individual will be a one-time opportunity. In subsequent years the individual will be invoiced for the standard “General” member fee.

**MEMBER CONTACT INFORMATION**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Work Address: Click or tap here to enter text.

City/State: Click or tap here to enter text. Zip: Click or tap here to enter text.

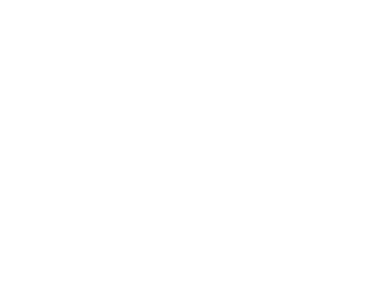
Work Phone: Click or tap here to enter text. Preferred Email: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City/State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Mailing Preference: Home Work

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*Submit payment and application to:*

**GA Public Health Association**

**P.O. Box 1599 Atlanta, GA 30301**

**or**

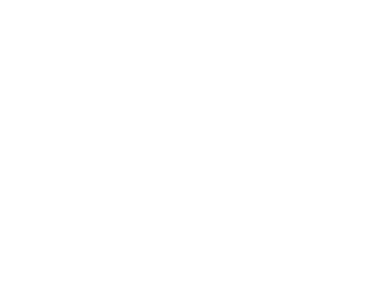
**Fax 706-484-2764**

**or**

**On-line** [**www.gapha.org**](http://www.gapha.org/)

*If you have questions about membership, please contact GPHA at (404) 861-8423 or* [*director@gapha.org*](mailto:director@gapha.org)

**APHA Member:** Yes  No



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**Gifted Membership $35.00**

**Please indicate Section below.**

Academic Administration Behavioral Health Boards of Health

Career Development (Student)

Epidemiology

Health Education & Promotion

Health Information & Information Technology

Laboratory

Maternal & Child Health

Medical/Dental

Nursing

Nutrition

Primary Care

Rural Health

Safety & Health Preparedness

**Gifted by (GPHA Member):** Click or tap here to enter text.

**Payment Method:** **Check** **Credit Card**: Visa MasterCard American Express

**Card Number:** Click or tap here to enter text.

**Exp.**  Click or tap here to enter text. **CVV:** Click or tap here to enter text.

**Name on Card:** Click or tap here to enter text.