



NUTRITION SECTION

MEMBERSHIP APPLICATION **WEST VIRGINIA PUBLIC HEALTH ASSOCIATION**

**Any person shall be eligible for membership who is a current member of the
WEST VIRGINIA PUBLIC HEALTH ASSOCIATION, INC.**

Membership Dues: \$5.00

☐

New Member \$5.00

☐

Retired

**Please complete all information and submit this form along with the applicable membership
dues to:**

**Nutrition Section
of the WVPHA
350 Capitol Street, Room 515
Charleston, WV 25301
wichd@wv.gov**

Please make check or money order payable to: NUTRITION SECTION OF THE WVPHA

Please print clearly or type

Member Name: (First/MI/Last):

First: _____ MI: _____ Last: _____

Preferred mailing address:

Address: _____ City: _____

State: _____ Zip: _____ Is this your: home address ☐ or office address ☐

Contact Information:

Name of Employer: _____ Hire Date: _____

Work Address: _____

Work Phone #: _____ Work Cell #: _____

Personal Phone #: _____ Personal Cell #: _____

Email Address: _____ Years of Service in Public Health: _____

Signature: _____ Date: _____