



PROFESSIONAL CLERICAL 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 paid by April 30 ___ \$10.00 paid after May 1
 ___ New Member \$5.00 ___ Retired

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

West Virginia Professional Clerical Section

Patti J. Davis, Treasurer

541 Harley O Staggers Drive Keyser, WV 26726

Please make check or money order payable to: **PROFESSIONAL CLERICAL SECTION**

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: _____
