



**WEST VIRGINIA PUBLIC HEALTH ASSOCIATION**  
**PO BOX 4445**  
**CLARKSBURG, WV 26302**

**MEMBERSHIP APPLICATION**

Any person shall be eligible for membership who is engaged in the practice of public health, either directly or indirectly, or who is interested in the advancement of public health.

**New Member Dues: \$15   Current Member Dues: \$15 if paid by April 1 or \$20 if paid after April 1**

**Note: section dues must be paid to each section**

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

**West Virginia Public Health Association, Inc.**  
**Attn: Boyd Vanhorn**  
**PO Box 4445**  
**Clarksburg, WV 26302**

**First Name**\_\_\_\_\_ **Last Name**\_\_\_\_\_ **MI**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Email Address:**\_\_\_\_\_ **Phone:**\_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:**\_\_\_\_\_

**Membership Type (Select One):**

\_\_\_\_\_ **Full (Regular Membership)**   \_\_\_\_\_ **Lifetime (60+ and paid for at least 10 years)**

\_\_\_\_\_ **Full-Time Student**   \_\_\_\_\_ **Honorary Membership (previously nominated)**

\*Full-Time Student, Honorary, & Lifetime Members do not pay dues. To be eligible for lifetime membership you must be a full member who has reached age sixty (60) and has paid association dues for the past ten (10) consecutive years.

**Section Affiliation (Select One):**

\_\_\_\_\_ **Environmental Health**   \_\_\_\_\_ **Public Health Nursing**   \_\_\_\_\_ **Epidemiology**  
\_\_\_\_\_ **Professional Clerical**   \_\_\_\_\_ **Threat Preparedness**   \_\_\_\_\_ **Nutrition Services**