



WEST VIRGINIA PUBLIC HEALTH ASSOCIATION
541 Harley O Staggers Dr STE 1
Keyser, WV 26726

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

To register online, go to our website at <https://wvpublichealthassociation.org/online-pay-and-register> and follow the instructions. If you prefer to register by mail, send this registration form along with a check to:

West Virginia Public Health Association, Inc.
Attn: Patti Davis
541 Harley O Staggers Dr STE 1
Keyser, WV 26726

First Name: _____ **Last Name:** _____
Email Address: _____ **Phone:** _____
Home Address: _____
Employer: _____
Work 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 Primary Only):

_____ **Environmental Health** _____ **Epidemiology** _____ **Nutrition Services**
_____ **Professional Clerical** _____ **Public Health Nursing** _____ **Threat Preparedness**
_____ **WV Association of Local Health Departments**