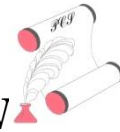


PROFESSIONAL CLERICAL SECTION



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 1 \$10.00 paid after April 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
Helen Watkins, Treasurer
211 6th Street
Parkesburg, WV 26101
helen.d.watkins@wv.gov

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: _____