



MEMBERSHIP APPLICATION/RENEWAL FORM

(Please print or type –no abbreviations, please.)

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

JOB TITLE: _____

EMPLOYER: _____

BUSINESS PHONE: _____

RECRUITED BY (New Members Only) _____

Are you a member of APHA? Yes No

Please check your section preference:

BEHAVIORAL HEALTH SCIENCES

HEALTH PROMOTION/EDUCATION

ENVIRONMENTAL HEALTH

LABORATORY

EPIDEMIOLOGY

NURSING

FOOD & NUTRITION

OFFICE PROFESSIONALS

HEALTH ADMINISTRATION/MEDICAL CARE

RETIREES

HEALTH INFORMATICS & INFORMATION TECH.

STUDENTS

PLEASE MAKE CHECKS PAYABLE TO "LPHA"

MAIL TO: 7515 Jefferson Highway #161

Baton Rouge, LA 70806

LPHA MEMBERSHIP DUES: Regular / Retiree Member - \$45.00 Per Year

Student Member - \$25.00 Per Year *

**Must attach proof of full-time student status with application.*

Credit/debit card payments can be made with on-line applications only; to apply/renew and pay on-line, visit our website at www.lpha.org.