



## MEMBERSHIP APPLICATION/RENEWAL FORM

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

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

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: Mittie Rohner, Treasurer  
60289 Rohner Rd.  
Amite, LA 70422**

**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](http://www.lpha.org).***