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.