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      ____ LABORATORY
____ENVIRONMENTAL HEALTH                 ____ NURSING
____FOOD & NUTRITION                     ____ OFFICE PROFESSIONALS
____HEALTH ADMINISTRATION/MEDICAL CARE   ____ RETIREES
____HEALTH INFOMATICS & INFORMATION TECHNOLOGY  ____ STUDENTS
____HEALTH PROMOTION/HEALTH EDUCATION

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.