

## FLORIDA PUBLIC HEALTH ASSOCIATION MEMBERSHIP FORM

14646 NW 151st Blvd., Alachua, FL 32615, Phone: (386) 462-1551

Email: [fpha@srahec.org](mailto:fpha@srahec.org), [www.fpha.org](http://www.fpha.org)

**INDIVIDUAL MEMBERSHIP:** \$45.00 (includes two sections)

**STUDENT MEMBERSHIP\*:** 15.00 (includes two sections)

**\*MUST** submit fulltime student school registration with membership application

**SENIOR MEMBERSHIP:** \$15.00 (age 62 and older – includes two sections)

**HEALTH AGENCY MEMBERSHIP:** \_\_\_\_\_

Name of Agency

\_\_\_\_\_  
 Title                      First Name                      Last Name                      Degree(s)                      F/M

\_\_\_\_\_  
 Mailing Address: Street                      City                      State                      Zip Code

\_\_\_\_\_  
 Agency/Employer                      County you work in                      Job Title

\_\_\_\_\_  
 Office Number and Extension                      Fax Number                      Home Number

\_\_\_\_\_  
 Email (for future correspondence you must provide email address) Work                      Home

**Use 1 and 2 to indicate first & second interest group choice. \*All STUDENT memberships must choose STUDENT as 1<sup>st</sup> choice.**

- |   |                          |
|---|--------------------------|
| Community Health                            | Oral Health              |
| Chronic & Communicable Disease Prevention   | Public Health Leadership |
| Environment Health & Protection             | Public Health Nursing    |
| Health Equity                               | Student (full time)      |
| Health Informatics & Information Technology |                          |

American Public Health Association Member     Y     N    Southern Health Association Member     Y     N  
 I would like to serve on a committee     Y     N    Preference: \_\_\_\_\_

Membership Dues	\$	
Additional Section(s): \$5.00 each	\$	
<b>Tax deductible FPHA Foundation donation*</b>	\$	<b>*a receipt will be sent for tax purposes</b>
<b>Total amount due</b>		

Payment by: Check # \_\_\_\_\_ Credit Card Type:  Visa     MC     AMEX

\_\_\_\_\_  
 Credit Card Number                      CVV# (3 digits on back of card)                      Exp. Date

\_\_\_\_\_  
 Signature                      Referred to FPHA by: