

FLORIDA PUBLIC HEALTH ASSOCIATION MEMBERSHIP FORM

1605 Pebble Beach Blvd., Green Cove Springs, FL 32043-8077, Phone: 904-657-2009, Fax 904-657-2235
 E Mail: floridapha@bellsouth.net, www.fpha.org, Fed ID#59-2200250

- 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 (if no Office number given)

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 1st choice.

<input type="checkbox"/> Community Health	<input type="checkbox"/> Oral Health	<input type="checkbox"/> Student (full time)
<input type="checkbox"/> Chronic & Communicable Disease Prevention	<input type="checkbox"/> Public Health Leadership	
<input type="checkbox"/> Environmental Health & Protection	<input type="checkbox"/> Public Health Nursing	
<input type="checkbox"/> Health Informatics & Information Technology	<input type="checkbox"/> Health Equity	<u>May choose additional sections at \$5.00 each</u>

American Public Health Association Member <input type="checkbox"/> Y <input type="checkbox"/> N	Southern Health Association Member <input type="checkbox"/> Y <input type="checkbox"/> N
I would like to serve on a committee <input type="checkbox"/> Y <input type="checkbox"/> N	Preference:

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

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: