

FLORIDA PUBLIC HEALTH ASSOCIATION HEALTH AGENCY MEMBERSHIP FORM

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

<b>PLATINUM TIER:</b> 55 Employee Memberships	\$1,500.00
<b>GOLD TIER:</b> 33 Employee Memberships	\$1,000.00
<b>SILVER TIER:</b> 15 Employee Memberships	\$500.00
<b>BRONZE TIER:</b> 7 Employee Memberships	\$250.00

Agency

County

Mailing Address: Street

City

State

Zip Code

Contact

Email

Office # & Ext.

Fax

\$

Amount Enclosed

*Please include the name, email address of each member to be covered. Also note if it is a renewal or a "new" member.  
No individual membership form is needed for this membership.*