

FLORIDA PUBLIC HEALTH ASSOCIATION MEMBERSHIP FORM

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

Email: fpha@srahec.org, 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 Cell Phone

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

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

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|---|--------------------------|
| 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	\$	
Tax deductible FPHA Foundation donation*	\$	*a receipt will be sent for tax purposes
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: