



INDIVIDUAL MEMBERSHIP APPLICATION

MEMBER CONTACT INFORMATION

Name: _____

Title: _____

Organization: _____

Work Address: _____

City/State: _____ Zip: _____

Work Phone: _____

Preferred Email: _____

Home Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Mailing Preference: Home Work

Membership: New Renewal

Month/Year of Application: _____

APHA Member? Yes No

MEMBER TYPE

ACTIVE MEMBER \$40

STUDENT MEMBER \$20
Fee includes enrollment in Student Section

RETIREE \$20

SECTION AFFILIATION

Members have one Section Affiliation included in their membership. Secondary Affiliations will increase the membership fee by \$5.00.

- Academic
- Administration
- Behavioral Health
- EMS/Emergency Preparedness
- Environmental Health
- Epidemiology
- Governance
- Health Education & Promotion
- Health Information & Information Technologies
- Laboratory
- Maternal & Child Health
- Medical/Dental
- Nursing
- Nutrition
- Office Personnel
- Primary Health Care
- Retiree
- Student

TOTAL DUE:

\$ _____

CHECK (enclosed)

CREDIT CARD:



Card Number: | | | | | | | | | | | | | | |

Signature: _____ Exp. ____/____ CVV: _____

RETURN TO: GPHA Executive Office, 2711 Irvin Way, Suite 111, Decatur, GA 30030 Fax: 404-299-7029

If you have questions about your membership, please contact GPHA at (678) 302-1132 or kathryn@gapha.org.