



North Carolina Public Health Association

Membership Application

www.ncpha.com

Your Contact Information

Name _____ new member renewal
Last First Middle

Personal Address _____
Street Address/P.O. Box City State Zip

Employer & Address _____
Agency Name
Street Address/P.O. Box City State Zip

Please check if any of these addresses have changed: home office email
Do you wish to receive mail correspondence at your: home office

Phone # _____ Fax # _____

Email Address: _____

I would like to become actively involved by: joining a committee running for office.
Preference _____

Section Membership

Joining sections is an optional component of NCPHA membership, however you must be a member of NCPHA to join a section. Please indicate which sections you would like to join and include these dues with NCPHA dues (see below).

- | | | |
|--|---|--|
| <input type="checkbox"/> Public Health Leadership \$3.00 | <input type="checkbox"/> Women/Children's Health \$5.00 | <input type="checkbox"/> Laboratory \$4.00 |
| <input type="checkbox"/> HIV/STD Control \$6.00 | <input type="checkbox"/> Nursing \$4.00 | <input type="checkbox"/> Dental Health \$5.00 |
| <input type="checkbox"/> Community Hlth Assistant/Tech. \$3.00 | <input type="checkbox"/> Social Work \$5.00 | <input type="checkbox"/> Health Info Management \$5.00 |
| <input type="checkbox"/> Environmental Health \$10.00 | <input type="checkbox"/> Wellness and Prevention \$5.00 | <input type="checkbox"/> Epidemiology \$5.00 |

Annual Dues Calculator

**Membership dues are due on an individual anniversary basis (shown on mailing label)*

If your annual salary is < \$25,000, Your dues are \$25.00 _____
If your annual salary is \$25,000 - \$40,000, Your dues are \$35.00 _____
If your annual salary is > \$40,000, Your dues are \$45.00 _____

If you are joining for the first time, deduct \$10.00 _____
If you are renewing prior to your anniversary date, deduct \$5.00* _____
If you are retired or a full-time student, deduct 50% _____

Subtotal _____
If you wish to join a section, add Section Dues _____
Total Dues _____

Send to

Please make check payable to **NCPHA** and mail to:
7424 Chapel Hill Road, Suite 201, Raleigh, NC 27607

If you are a new member and were recruited by a member of NCPHA, you both are eligible for a cash drawing at the Annual Educational Conference. Please indicate the name of the individual who told you about NCPHA:
