Kansas Public Health Association, Inc.

AFFILIATED WITH THE AMERICAN PUBLIC HEALTH ASSOCIATION

Membership Application

(MEMBERSHIPS ARE NON-TRANSFERABLE)

I would like to ____ join ____ renew (check one) **as an individual member**:

___ **Regular** – $75

___ **Student –** $20 (Please provide copy of current class schedule.)

___ **Retired –** $20

___ **Public Health Worker** – $60 (Annual salary must be less than $40,000 per year. Please include proof of status.)

For Joint Membership (KPHA and APHA) visit http://www.apha.org/about/membership/aphaaffiliate.htm and save up to $90.

Contact Information:

Name: ____Title: ________________________

Organization: ____APHA Member: ____ Yes ____ No

Address: ____ City/State/Zip: ______________

Phone: ______________________________________ Email: ___________________________

Join a Section as part of your membership. Please mark which Section you would like to join. (Mark **ONLY ONE.)**

_____Administrative (HA)
____Elder Issues (EI)
____Emergency Preparedness (EP)
____Environmental Health (EH)
____Community Health (CH)
____Infectious Disease (ID)
____Oral Health (OH)
_____Research and Evaluation (RE)
____Student (S)
____Tobacco, Substance Use & Mental Health (TSUM)
____Health Policy (HP)

My organization would like to ____ join ____ renew (check one):

___Small Institutional member (non-profit or government agency) --$500 (Up to 7 members)

___ Large Institutional member (non-profit or government agency) --$2000 (Up to 40 members)

___ Associate member (for profit or no public health mission)--$1000 (Up to 20 members)

NOTE: Please fill out your organization's contact information above. Organizations will be contacted to obtain the names and contact information of individual members.

Payment method: (check one)

___ Check or money order enclosed (Payable to KPHA)

___ Visa___ MasterCard

Card #: ____Exp. Date: ___ /___ /___

Card holder's name: ___________________________________ (As shown on card)

Signature:____

Please complete and return by mail to:

Kansas Public Health Association
5960 Dearborn, Suite 230
Mission, KS 66202

http://kpha.us