

# North Carolina Public Health Association

## Membership Application

Name \_\_\_\_\_  New Member  Renewal

Home Address \_\_\_\_\_

Employer & Address \_\_\_\_\_

Change of Address  Home  Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Do you wish to receive correspondence at your home  office  Member of NCPHA since \_\_\_\_\_

Would you like to become actively involved in a committee  run for office  Preference \_\_\_\_\_

Please include me in your legislative email alerts: Email Address \_\_\_\_\_

Already receiving email alerts  Change of Email Address \_\_\_\_\_

**Section Membership is optional. You must be a member of the Association, however, to join a Section. Please circle each section with which you wish to become affiliated. Include these dues with NCPHA dues**

- |  |   |   |
|--|---|---|
| <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"/> Comty Hlth Assistant/Tech. \$3.00 | <input type="checkbox"/> Social Work \$3.00             | <input type="checkbox"/> Health Information 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 SCHEDULE

If your annual salary is < \$25,000, Your dues will be \$25.00 \_\_\_\_\_

If your annual salary is \$25,001 - \$40,000, Your dues will be \$35.00 \_\_\_\_\_

If your annual salary is > \$40,000, Your dues will be \$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** \_\_\_\_\_

**Please make check payable to NCPHA and mail to:  
P.O. Box 41487, Raleigh, NC 27629-1487**

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:

\_\_\_\_\_

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