



NDPHA Membership Application

Type of Membership: (Check One)

Individual \$50 New Renewal

Student \$20

Organization \$75

Amount Attached: \$ _____

Name: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

Contact Information

We currently list the following information in our membership records. Please complete the blank fields and update any incorrect data.

Email address: _____

Phone: _____ Fax Number: _____

Department: _____

Are you a current member of APHA (American Public Health Association): _____ Yes _____ No

In what legislative district do you live? _____
 (you can find it on the following website <http://www.legis.nd.gov/districts/2013-2022>)

Active Sections (select no more than 2):

- Environmental Health/Emergency
- Preparedness
- Health Policy, Planning, and Administration
- Nursing
- Nutrition
- Tobacco Prevention and Control
- Student Section
- American Indian Public Health

Interest Areas (select no more than 2):

- Injury Prevention
- Reproductive Health and Education
- Health Promotion and Disease
- Prevention
- Epidemiology

Membership Rates

Individual = \$50 Student = \$20 Organization = \$75 (ie: American Heart Association)

Please send your dues and this completed form to:
 NDPHA
 Attn: May Warne
 PO BOX 335
 Fargo, ND 58107

Or visit us at www.ndpha.org to register/renew online.