



Massachusetts Public Health Association
Individual Membership Application

New member Renewing member

HOME ADDRESS:

Name _____

Home Address _____

Home Phone _____

Home Email _____

WORK ADDRESS:

Organization _____

Work Address _____

Work Phone _____

Work Email _____

Preferred Mailing Address: Home Work

Preferred Email Address: Home Work

Membership Categories:

- Standard (\$50) Community Health Worker (\$20)
 Student (\$20) Limited Income (\$20)
 Three-year Member (\$140) Lifetime Member (\$600)

Become a Public Health Defender!

I'd like to become a monthly *Public Health Defender* and help MPHA strengthen the voice for preventing disease and injury and expanding access to health care.

I authorize MPHA to deduct the following amount from my account on the 15th of each month:

- \$10 \$15 \$25 \$100 Other \$_____

please complete other side

Section Affiliation

please check up to 3 section affiliations

- Child & Adolescent Health Minority Health
 Health Promotion & Prevention Food & Nutrition
 Public Health Nursing Women's Health
 Environmental & Occupational Health Oral Health
 Epidemiology & Laboratory Services Gerontology
 Community Health Planning & Development

- I am a member of APHA.
 I am willing to contact policy makers to promote public health.
 I am interested in volunteering with MPHA.

Payment Information

Membership: \$ _____

Additional Contribution: \$ _____

Total: \$ _____

- I will mail a check to MPHA.
 Please charge my credit card.

Visa Master Card

Card Number _____ Exp. Date _____

Name as it appears on card _____

Signature _____ Date _____

Please make checks payable to "MPHA" and return with form to:

MPHA
434 Jamaica Way
Jamaica Plain, MA 02130

Phone: (617) 524-6696
Fax: (617) 524-5225
mpha@mphaweb.org
www.mphaweb.org

MASSACHUSETTS PUBLIC HEALTH ASSOCIATION
Working for a Healthy Massachusetts

