



Your Voice for Public Health

434 Jamaicaaway • Jamaica Plain, MA 02130 • TEL: (617) 524-6696 • FAX: (617) 524-5225 • www.mphaweb.org

Harold Cox, *President*

Geoffrey W. Wilkinson, *Executive Director*

Organizational Membership Application

Join MPHA as an Organizational Member and receive:

- Free exhibitor table at MPHA's Annual Meeting and Expo;
- Discounted admission to educational forums and conferences for 4 of your employees;
- Listing as an MPHA organizational member on our website and in printed material;
- MPHA's monthly e-updates and printed newsletter, *Public Health Action*;
- Updates on policy and advocacy issues that affect your organization and community;
- Opportunities to participate in organized action to improve public health in Massachusetts;
- Support MPHA's efforts to protect the health of our communities, workplaces, and environment.

Indicate membership status: **Renewal** **New**

Organization Information

Name of Organization

Primary Contact Name

Title or Position

Street Address

City

State

Zip Code

Phone Number

Fax Number

Email Address

List three (3) additional individuals to receive MPHA correspondence

(Please include mailing address if different from above)

Contact Name

Title or Position

Email Address

Contact Name

Title or Position

Email Address

Contact Name

Title or Position

Email Address

Section Affiliation

Please indicate which is your primary affiliation with "1" and your secondary affiliation with a "2" (if applicable).

- | | |
|--|---|
| <input type="checkbox"/> Child & Adolescent Health | <input type="checkbox"/> Health Education/Promotion |
| <input type="checkbox"/> Environmental & Occupational Health | <input type="checkbox"/> Minority Health |
| <input type="checkbox"/> Epidemiology & Laboratory Sciences | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> Health Admin/Planning | <input type="checkbox"/> Women's Health |

We were referred to MPHA by: _____
Name

Signature of primary contact

Date

Membership Dues Assessment

Organizational membership dues are determined by the annual budget of the organization. Please check the corresponding box below, and make your payment payable to **MPHA**. All memberships are valid for one year.

- | | |
|---|---|
| <input type="checkbox"/> less than 250K (\$150) | <input type="checkbox"/> Over 1million (\$300) |
| <input type="checkbox"/> 250-499K (\$200) | <input type="checkbox"/> Over 5 million (\$500) |
| <input type="checkbox"/> 500K-1 million (\$250) | |

Payment Information

- Send us an invoice**
- Check made payable to MPHA**
- Pay by credit card** Visa Master Card

Card number

Exp. Date

Name as it appears on card

Signature

**Complete form and return with payment to:
MPHA, 434 Jamaicaaway, Jamaica Plain, MA 02130
If you have any questions please contact Kara Keenan:
(617) 524-6696 x113 or kkeen@mphaweb.org**