



NDPHA Membership Application

Type of Membership: (circle one)

Individual Student Organization

Amount Attached: \$_____
(based on rates listed below)

Name: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

Please send your dues and this completed form to:
NDPHA...PO Box 572...Minot, ND 58702-0572

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://web.apps.state.nd.us/hubexplorer/legislatedist/viewer.html)

Interest Category (select no more than 2):

- Administrative Support
Disease Control
Emergency Preparedness
Environmental Health
Health Policy, Planning, and Administration
Injury Prevention
Nursing
Nutrition
Reproductive Health and Education
Tobacco Prevention and Control

Membership Categories and Rates

Individual = \$35

Student = \$15

Organization = \$75 (ie: American Heart Association)