



NDPHA Membership Application

Type of Membership: (circle one)
Individual Group 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

Email address: _____

Phone: _____ Fax Number: _____

Are you a current member of the American Public Health Association (APHA): ____ 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: (Please select no more than 2)

- Administrative Support
Board of Health
Disease Control
Environmental Health
Emergency Response
Health Policy, Planning, and Administration
Injury Prevention
Reproductive Health and Education
Nursing
Nutrition
Reproductive Health
Tobacco Prevention
Other _____

Membership Categories and Rates

Individual = \$35 Student = \$15 Organization = \$75 (ie: American Heart Association)

Group Rates: A special rate is available to employer groups wishing to provide membership to multiple individuals:

- Group of 5 to 9 members = \$31.25 each
Group of 10 to 15 members = \$30.00 each
Group of 16 or more members = \$28.75 each