

**Membership Application**

Name: \_\_\_\_\_

Degree/Certifications: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

In what legislative district do you live? \_\_\_\_\_

*(You can find your district on the following website: <http://www.legis.nd.gov/districts/2013-2022>)*

County Residing In: \_\_\_\_\_

Are you a current member of APHA (American Public Health Association):  YES  NO

**Active Sections/Interest Category (select no more than 2):**

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

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**Please send payment and completed registration form to:**

**NDPHA**

**PO BOX 7282**

**BISMARCK, ND 58507-7282**

*or register and pay online at [www.ndpha.org](http://www.ndpha.org).*

**MEMBERSHIP TYPE (Check one):**

Individual = \$50  Student = \$20  Organization = \$75

**Amount Paid: \$** \_\_\_\_\_

**Payment Method:**

- Check (Payable to NDPHA)
  - Cash
  - Credit Card:  Visa  Mastercard  Discover  Am.Exp.
- Card Number: \_\_\_\_\_  
Exp.Date: \_\_\_\_\_ CVS# (3 or 4 digit code) \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*Thank you for your membership with the North Dakota Public Health Association!*