



NDPHA Membership Application

Type of Membership: (Check One)

Individual Student Organization

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

Name: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

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://www.legis.nd.gov/districts/2013-2022>)

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 Rates

Individual = \$35

Student = \$15

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

Please send your dues and this completed form to:

NDPHA

Attn: Renae Moch

PO BOX

BISMARCK, ND 58507-7282

Please visit us at www.ndpha.org to register online.

For more information or if you should have any questions please email www.ndpha.org