NDPHA Membership Application

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