



## **Membership Application**

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

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

**Agency:** \_\_\_\_\_

**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!*