

Please print this form, complete the requested information, and mail to the address at bottom of form.

Louisiana Public Health Association, Inc.
"An Equal Opportunity Association"
Membership/Renewal Application

(Please print or type –no abbreviations, please.)

NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

PERSONAL E-MAIL: _____

JOB TITLE: _____

EMPLOYER: _____

BUSINESS PHONE: _____

RECRUITED BY (New Members Only) _____

Are you a member of APHA? Yes _____ No _____

Section Preference:

- Clerical & Statistical _____
- Environmental Health _____
- Laboratory _____
- Physicians & Administrators _____
- Public Health Nursing _____
- Allied Health Services _____
- Retirees _____

PLEASE MAKE CHECKS PAYABLE TO "LPHA"

MAIL TO: Chery Ewing, Treasurer

9775 Hwy. 421

St. Francisville, LA 70775

LPHA MEMBERSHIP DUES:

Regular Member - \$45.00 Per Year

Student Member - \$25.00 Per Year *

****Must attach proof of full-time student status with application.***