

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

Please print this form, complete the requested information, and mail to the address below.

(Please print or type - no abbreviations, please)

NAME: _____

JOB TITLE: _____

FACILITY: _____

EMPLOYER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

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 ARE \$45.00 PER YEAR