



WEST VIRGINIA PUBLIC HEALTH ASSOCIATION, INC.
 AFFILIATED WITH AMERICAN PUBLIC HEALTH ASSOCIATION
 POST OFFICE BOX 11635
 CHARLESTON, WEST VIRGINIA 25339-1635

MEMBERSHIP APPLICATION

Any person shall be eligible for membership who is engaged in the practice of public health, either directly or indirectly, or who is interested in the advancement of public health.

Current Member Dues: \$15.00 if paid by April 1 Note: section dues must be paid to each section
 \$20.00 if paid after April 1.
New Member Dues: \$15.00

Please complete all information and submit this form along with the applicable membership dues to:

West Virginia Public Health Association
Treasurer
Post Office Box 11635
Charleston, WV 25339-1635

First Name _____ Last Name _____																					
Employer _____																					
Work Address _____																					
City _____ State _____ Zip Code _____																					
Home Address _____																					
City _____ State _____ Zip Code _____																					
Do you prefer to receive Association correspondence at your Work <input type="checkbox"/> or Home <input type="checkbox"/> address?																					
Preferred email address: _____																					
Are you: an APHA member <input type="checkbox"/> , retired <input type="checkbox"/> , a WVPHA lifetime member <input type="checkbox"/> Date of Birth _____																					
Section Affiliation Select all that apply. If more than one, please indicate one section as primary.	<table style="width:100%; border: none;"> <tr> <td style="width:40%;">Dental</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:40%;">Local Health Officers</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Environmental Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Professional Clerical</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Finance, Operations & Computer Technology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Public Health Nursing</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Health Administration</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Public Health Retirees</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Laboratory / Epidemiology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>WV Association of Local Health Departments</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Dental	<input type="checkbox"/>	Local Health Officers	<input type="checkbox"/>	Environmental Health	<input type="checkbox"/>	Professional Clerical	<input type="checkbox"/>	Finance, Operations & Computer Technology	<input type="checkbox"/>	Public Health Nursing	<input type="checkbox"/>	Health Administration	<input type="checkbox"/>	Public Health Retirees	<input type="checkbox"/>	Laboratory / Epidemiology	<input type="checkbox"/>	WV Association of Local Health Departments	<input type="checkbox"/>
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