



MEMBERSHIP APPLICATION/RENEWAL FORM

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

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

JOB TITLE: _____

EMPLOYER: _____

BUSINESS PHONE: _____

RECRUITED BY (New Members Only) _____

Are you a member of APHA? Yes No

Please check the areas that interest you:

BEHAVIORAL HEALTH SCIENCES

LABORATORY

ENVIRONMENTAL HEALTH

NURSING

FOOD & NUTRITION

OFFICE PROFESSIONALS

HEALTH ADMINISTRATION/MEDICAL CARE

RETIREES

HEALTH INFOMATICS & INFORMATION TECHNOLOGY

STUDENTS

HEALTH PROMOTION/HEALTH EDUCATION

PLEASE MAKE CHECKS PAYABLE TO "LPHA"

**MAIL TO: Mittie Rohner, Treasurer
60289 Rohner Rd.
Amite, LA 70422**

**LPHA MEMBERSHIP DUES: Regular / Retiree Member - \$45.00 Per Year
Student Member - \$25.00 Per Year ***

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

***Credit/debit card payments can be made with on-line applications only; to
apply/renew and pay on-line, visit our website at www.lpha.org.***