

LABORATORY/EPIDEMIOLOGY SECTION MEMBERSHIP APPLICATION

Please indicate your membership: ___ New member ___ Renewal

Name: _____ Date: _____

Address:

Affiliation:

Title:

Work phone:

Fax:

E-Mail:

Are you currently a member of WVPHA? Yes ___ No ___

(WVPHA bylaws require Section members to also be members of the Association, but you can be a member of more than one Section.)

**Membership Dues are \$15.00 annually.
Make check payable to Laboratory/Epidemiology Section.**

Mail check to:

Thein Shwe, Treasurer
Laboratory/Epidemiology Section
Office of Epidemiology and Prevention Services

350 Capitol St. Room 125
Charleston, WV 25301