

**WEST VIRGINIA PUBLIC HEALTH ASSOCIATION
NURSING SECTION**

**MEMBERSHIP APPLICATION
2014**

Name: _____ Title: _____

Agency: _____

Work Address: _____

Work Telephone: _____ Fax: _____

Work E-Mail Address: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Home Telephone: _____ Home E-Mail: _____

Starting date of public health career: _____

Will you be retiring by 30 September 2006? Yes No

Where do you prefer to be contacted? Work Home

Reminders:

▶ You must pay 2014 dues to the West Virginia Public Health Association to be eligible to join the Nursing Section. You will have separate membership cards for the WVPHA and for the Nursing Section. Membership applications for WVPHA are not distributed by the Nursing Section.

▶ You must belong to the WVPHA and Nursing Section to attend Spring Clinical Teaching Days.

Enclose dues: \$15.00 if paid by 01 April 2014; \$20.00 after 01 April 2014

Will you be retiring during 2014? Yes No

Please make checks payable to WVPHA-Nursing Section

Mail Membership Application to:

Boone County Health Department
% Julie Miller
Post Office Box209
Madison, WV 25130

Fax Membership Application to: Julie Miller, Boone County Health Department @ 304-369-2832