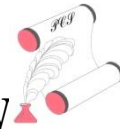


# PROFESSIONAL CLERICAL SECTION



## MEMBERSHIP APPLICATION WEST VIRGINIA PUBLIC HEALTH ASSOCIATION

Any person shall be eligible for membership who is a current member of the WEST VIRGINIA PUBLIC HEALTH ASSOCIATION, INC.

Membership Dues:  \$5.00 paid by July 1       \$10.00 paid after July 1  
 New Member \$5.00       Retired

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

West Virginia Professional Clerical Section  
Renee' Swisher, Treasurer  
211 6<sup>th</sup> Street  
Parkesburg, WV 26101  
[Renee.a.swisher@wv.gov](mailto:Renee.a.swisher@wv.gov)

Please make check or money order payable to: PROFESSIONAL CLERICAL SECTION

**Please print clearly or type**

**Member Name: (First/MI/Last):**

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

**Preferred mailing address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is this your: home address  or office address

**Contact Information:**

Name of Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Cell #: \_\_\_\_\_

Personal Phone #: \_\_\_\_\_ Personal Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years of Service in Public Health: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_