MPHA
Mississippi Public Health Association
Leadership • Education • Advocacy

Promoting Public and Personal Health in the State of Mississippi for over 75 Years!!!

2012 MPHA Membership Application

PLEASE PRINT LEGIBLY

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(MSDH employees, please use complete courier mailing address)

_____
City State Zip

Email address: _____
(Prefer personal email address)

Phone: (W) _____ (H) _____

Mississippi State Department of Health employee: ◯ Yes ◯ No If yes, District#/Office: _____

If No, Employer _____

APHA Member _____ Yes _____ No

Section Membership

Joining a section is an optional component of MPHA membership. You must be a member of MPHA to join a section. Please check which section(s) you would like to join and include these dues with your MPHA annual dues (see below). **All Section dues collected are returned to the section for its use**.

- □ ***Environmental Health: $10***
- □ ***Epidemiology: $10***
- □ ***Health Administration: $10***
- □ ***Information Technology: None***
- □ ***Nursing: $10/nurses, $5/ aides/student nurses/retirees***
- □ ***Nutrition: $10***
- □ ***Office Professionals: $6***
- □ ***Social Work: $8***
- □ ***Medical Care – None***
- □ ***No Section***

Membership Dues: (Check all that apply)

- □ ***Regular*** ***$ 23.00***
- □ ***Retirees*** ***$ 13.00***
- □ ***Students*** ***$ 8.00***
- □ ***Sustaining Organization (includes 4 members)*** ***$150.00***

Type: (Check one)

- □ ***New***
- □ ***Renewal***

□ ***Section Dues*** _____

□***Tax deductible contribution*** _____

Total (Membership dues + Section dues + Contribution) **$**_____

Membership dues are non-refundable. Please make check or money order payable to **MPHA** and return with this completed application to: **MPHA Membership, Post Office Box 4834, Jackson, MS 39296**