



2021 Individual Membership Application

PLEASE PRINT LEGIBLY

Name: _____ Email address: _____
(First) (Last) (Prefer home e-mail if available)

Business Mailing address: _____
(MSDH employee – use complete courier address) City State Zip

Home Mailing Address: _____
Address City State Zip

If MSDH employee: Region _____ Office Location: _____ Central Office: _____
(i.e. county health department)

If not MSDH employee, my current employer is: _____

Daytime Phone: _____ Current APHA Member? Yes _____ No _____

2021 MEMBERSHIP DUES: (Check one)

<input type="checkbox"/> Contributing Membership <i>(adds \$20 for advocacy efforts)</i>	\$ 50.00
<input type="checkbox"/> Regular	\$ 30.00
<input type="checkbox"/> Retirees	\$ 15.00
<input type="checkbox"/> Students (F/T w/9 credit hours)	\$ 12.00
<input type="checkbox"/> Life Member	\$350.00
<u>TOTAL MEMBERSHIP DUES:</u>	\$ _____

SECTION/CHAPTER DUES: (Maximum of two sections and one chapter)
 Joining a section/chapter is an optional component of MPHA membership. You must be a member of MPHA to join a section. Please check which section(s) and /or chapter you would like to join and include these dues with your MPHA annual dues (see below). **All dues collected are returned to the section/chapter for its use.**

<input type="checkbox"/> Epidemiology: \$10	<input type="checkbox"/> Nursing: \$10/nurses, \$5/ aides/student nurses/retirees
<input type="checkbox"/> Health Administration: \$10	<input type="checkbox"/> Office Professionals: \$6
<input type="checkbox"/> Medical Care: (MD, NP, Pharm) \$0	<input type="checkbox"/> Public Health, Education, Policy & Research: \$10/reg \$5/FT student
<input type="checkbox"/> No Section	<input type="checkbox"/> Social Work: \$8
<input type="checkbox"/> Nutrition: \$10	<input type="checkbox"/> Pine Belt Chapter (\$10)
<u>TOTAL SECTION(S)/CHAPTER DUES</u>	\$ _____

TAX DEDUCTIBLE DONATION *(please and thank you!)* \$ _____

TOTAL MEMBERSHIP DUES, SECTION/CHAPTER DUES AND DONATION \$ _____

Please make check or money order payable to **MPHA** attach to this completed registration form and mail to:
MPHA Membership, Post Office Box 4834, Jackson, MS 39296