WEST VIRGINIA PUBLIC HEALTH ASSOCIATION, INC.
AFFILIATED WITH AMERICAN PUBLIC HEALTH ASSOCIATION
POST OFFICE BOX 11635
CHARLESTON, WEST VIRGINIA 25339-1635

MEMBERSHIP APPLICATION

Any person shall be eligible for membership who is engaged in the practice of public health, either directly or indirectly, or who is interested in the advancement of public health.

Current Member Dues: **$15.00 if paid by April 1** Note: section dues must be paid to each section
$20.00 if paid after April 1.
New Member Dues: **$15.00**

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

West Virginia Public Health Association
Treasurer
Post Office Box 11635
Charleston, WV 25339-1635

First Name _____ Last Name _____

Employer _____

Work Address _____

City _____ State _____ Zip Code _____

Home Address _____

City _____ State _____ Zip Code _____

Do you prefer to receive Association correspondence at your Work ☐ or Home ☐ address?

Are you: an APHA member ☐, retired ☐, a WVPHA lifetime member ☐ Date of Birth _____

Section Affiliation Select all that apply. If more than one, please indicate one section as primary.				
	Dental	☐	Local Health Officers	☐
	Environmental Health	☐	Professional Clerical	☐
	Finance, Operations & Computer Technology	☐	Public Health Nursing	☐
	Health Administration	☐	Public Health Retirees	☐
	Laboratory / Epidemiology	☐	WV Association of Local Health Departments	☐