

THE AMERICAN PUBLIC HEALTH ASSOCIATION

Champions the health of all people and all communities. We are the only organization that combines a 150-year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health.

AGENCY MEMBERSHIP

Agency membership is open to academic institutions, federal, state and local governments and nonprofit non-governmental organizations engaged in public health work or having a close relationship to health services.

COMPANY & CONSULTANT MEMBERSHIP

Company & Consultant membership is open to companies, corporations, consultants and others engaged in public health work or having a close relationship to health services.

MEMBER BENEFITS

- Discounted registration to the APHA Annual Meeting and Expo (all employees eligible)
- 10% discount on a booth at APHA's Annual Meeting and Expo (eligible for *new agency/organization members exhibiting for the first time*)
- 50% discount on print recruitment ads in the ***American Journal of Public Health*** and ***The Nation's Health***
- Up to 30% discount on Public Health CareerMart job postings
- Up to 30% discount on publications at APHA Press (all employees eligible)
- Recognition on APHA website
- Organization becomes part of Generation Public Health©
- One monthly copy of ***AJPH*** (for designated representative)
- Online access to ***The Nation's Health*** for employees who register
- Discounted individual membership rate for your employees, which gives them full membership benefits

JOIN TODAY!

COMPLETE THE MEMBERSHIP APPLICATION AND RETURN IT VIA:

MAIL APHA
800 I St. NW
Washington, DC 20001

FAX 202-777-2520
EMAIL membership.mail@apha.org

QUESTIONS ABOUT APHA?

Contact us at **202-777-2400** or membership.mail@apha.org.

For more information, please visit www.apha.org.

APHA AGENCY AND COMPANY & CONSULTANT MEMBERSHIP APPLICATION



ORGANIZATION TYPE

- Academic Institution Nonprofit Non-Governmental Agency
 State, Local or Federal Government Agency Company or Consultant

FOR OFFICE USE ONLY

SOURCE CODE _____
MEMBER ID _____

MISSION STATEMENT

- Agency is EEO/AA compliant (please initial to confirm) _____

CONTACT INFORMATION

Organization _____
Mailing Address _____
City _____ State _____ ZIP _____
Website _____ Main Phone _____
Liaison Name* _____ Liaison Phone _____
Liaison Email _____
Facebook _____ Twitter _____ LinkedIn _____

* Correspondence will be sent to the Liaison.
The liaison will also receive the agency's code to give to employees for use in joining/renewing individually online.

ANNUAL MEMBERSHIP DUES (DUES ARE ASSESSED ANNUALLY)

Organization Size	(Approx. Number of Employees)	Nonprofit	Company or Consultant
1 - 20 employees	_____	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,500
21 - 100 employees	_____	<input type="checkbox"/> \$750	<input type="checkbox"/> \$2,250
101 - 200 employees	_____	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$3,000
201 - 300 employees	_____	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$3,750
301 - 400 employees	_____	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$4,500
401 - 500 employees	_____	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$5,250
501 - 750 employees	_____	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$7,500
751 - 1000 employees	_____	<input type="checkbox"/> \$3,250	<input type="checkbox"/> \$9,750
1001+ employees	_____	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$12,000

PAYMENT INFORMATION

- CHECK
(make check payable to APHA—U.S. dollars only)

MAIL TO:

APHA
Attn: Accounts Receivable
800 I St. NW
Washington, DC 20001-3710

- AMERICAN EXPRESS DISCOVER MASTERCARD VISA

Please call APHA Accounting at 202-777-2449 to pay securely with credit card.
(Business hours M-F, 9 a.m. to 5 p.m. ET)

- WIRE TRANSFER

Please send any forms regarding ACH payments to
membership.mail@apha.org. APHA can also provide you
with a document containing our bank information upon request

11/2021