

## THE AMERICAN PUBLIC HEALTH ASSOCIATION

Champions the health of all people and all communities. We are the only organization that combines a nearly 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 classified ads in the **American Journal of Public Health** and **The Nation's Health**
- 50% discount on print recruitments and approximately 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](mailto:membership.mail@apha.org)

## QUESTIONS ABOUT APHA?

Contact us at **202-777-2400** or [membership.mail@apha.org](mailto:membership.mail@apha.org).

**For more information, please visit [www.apha.org](http://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 \_\_\_\_\_

\* 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 enclosed (make check payable to APHA—U.S. dollars only)
  American Express
  Discover
  MasterCard
  Visa

NOTE:  
This membership application must be approved by the APHA Executive Board per bylaw requirements. Please allow up to 10 weeks for approval. Membership does not denote APHA endorsement of any specific product, service or organization.

\_\_\_\_\_  
NAME AS IT APPEARS ON CREDIT CARD  
 \_\_\_\_\_  
CARD NUMBER  
 \_\_\_\_\_  
EXPIRATION DATE CVV