

You may also join or renew securely online at www.apha.org/membership

MEMBERSHIP APPLICATION

JOIN **RENEW** MEMBER ID _____

1. CONTACT INFORMATION

Prefix (ex. Dr. Mr. Ms.)	First Name	M.I.	Last Name	Degrees
Position/Title			Organization	
Mailing Address – <input type="checkbox"/> home <input type="checkbox"/> business				
City		State	ZIP Code	Country (if not USA)
Telephone – <input type="checkbox"/> home <input type="checkbox"/> business	Email – <input type="checkbox"/> home <input type="checkbox"/> business			Home ZIP+4 (for advocacy purposes)

2. MEMBERSHIP CATEGORIES AND DUES

REGULAR

- \$220 per year
- \$105 per year (discounted)
Member whose annual salary is less than \$45,000 USD or the equivalent for foreign nationals. Proof of status is required annually.

RETIRED

- \$95 per year
Member who has retired and no longer derives income from current work-related activities. Declaration of status is required annually.

EARLY-CAREER PROFESSIONAL

- \$130 per year
Member who graduated in the past 24 months and is transitioning into the workforce. Includes programs specific to new public health professionals. This member type is available for three consecutive years. Proof of status is required annually.

STUDENT

- \$85 per year
Student Members must be enrolled in a degree program. Qualifying students should be taking at least six credit hours (undergraduate degree) or three credit hours (graduate degree) per semester or comparable credits in a quarter system. Student membership is available for up to six years per degree. Proof of status is required annually.

AGENCY INDIVIDUAL *(not eligible for green discount)*

- \$70 per year
(for nonprofit, academic and government agencies)
- \$145 per year
(for other agencies)
Member who is an employee of an active APHA agency member. Visit www.apha.org/agency-member-directory for a full list.
Agency Code (required):
_____ *(Your agency code can be obtained from your agency liaison or by emailing membership.mail@apha.org.)*

3. GREEN DISCOUNT

Save \$20 when you choose online-only access to the American Journal of Public Health. With this discount, you no longer receive a print copy of AJPH. You will still have full online access, including the new e-reader.

4. PROFESSIONAL COMMUNITIES

Your dues include membership in two APHA Sections or Special Primary Interest Groups. You can purchase an additional community membership for \$15 per year.* Please select the Sections/SPIGs you would like to join from the list below.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> APH: Aging and Public Health | <input type="checkbox"/> EPI: Epidemiology | <input type="checkbox"/> IH: International Health | <input type="checkbox"/> POD: Podiatric Health |
| <input type="checkbox"/> APHS: Applied Public Health Statistics | <input type="checkbox"/> ETHICS: Ethics | <input type="checkbox"/> LAW: Law | <input type="checkbox"/> PHEHP: Public Health Education and Health Promotion |
| <input type="checkbox"/> ATOD: Alcohol, Tobacco and Other Drugs | <input type="checkbox"/> FN: Food and Nutrition | <input type="checkbox"/> MC: Medical Care | <input type="checkbox"/> PHN: Public Health Nursing |
| <input type="checkbox"/> CHC: Chiropractic Health Care | <input type="checkbox"/> HA: Health Administration | <input type="checkbox"/> MCH: Maternal and Child Health | <input type="checkbox"/> SHES: School Health Education and Services |
| <input type="checkbox"/> CHPPD: Community Health Planning and Policy Development | <input type="checkbox"/> HIIT: Health Informatics and Information Technology | <input type="checkbox"/> MH: Mental Health | <input type="checkbox"/> SRH: Sexual and Reproductive Health |
| <input type="checkbox"/> CHW: Community Health Worker | <input type="checkbox"/> HIV/AIDS: HIV/AIDS | <input type="checkbox"/> OH: Oral Health | <input type="checkbox"/> VC: Vision Care |
| <input type="checkbox"/> DIS: Disability | <input type="checkbox"/> ICEHS: Injury Control and Emergency Health Services | <input type="checkbox"/> OHS: Occupational Health and Safety | <input type="checkbox"/> VPH: Veterinary Public Health |
| <input type="checkbox"/> ENV: Environment | <input type="checkbox"/> ICTHP: Integrative, Complementary and Traditional Health Practices | <input type="checkbox"/> PHARM: Pharmacy | |
| | | <input type="checkbox"/> PA: Physical Activity | |

* I would like to add one section/SPIG for \$15 _____ (please indicate abbreviation of section/SPIG)

5. DONATE TO APHA

Health is a basic human right. Donate today, and help APHA promote and protect the health of all people. Your gift will support initiatives like health advocacy and policy campaigns and core public health programs. As a donor, you will receive special recognition in the Annual Report and at the Annual Meeting.

The American Public Health Association is registered as a 501(c)(3) non-profit organization. Contributions to APHA are tax-deductible to the extent permitted by law. We encourage you to consult with your tax advisor on the deductibility of your charitable gifts.

6. PAYMENT INFORMATION

Membership Dues*	\$ _____
Green Discount (subtract \$20)	\$ _____
Donation to APHA	\$ _____
Additional Section/SPIG (\$15/year)	\$ _____
International only (add \$40/year for airmail service if your membership includes print AJPH)	\$ _____
Total Amount Enclosed	\$ _____

* Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. APHA policy provides that all individual members have equal eligibility and responsibility for full participation in the programs of the Association. Dues are nonrefundable and nontransferable.

MAIL APPLICATION AND CHECK MADE PAYABLE TO APHA TO:

APHA
800 I St. NW
Washington, DC 20001

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

INSTALLMENT AND AUTOMATIC RENEWAL PLAN

Membership dues can be paid through an installment program for your convenience.

Charge my credit card: quarterly (4 payments)
 semi-annually (2 payments)
 annually (1 payment)

(Please note that if you select an installment plan your membership will also automatically renew annually—at the payment intervals you select—until you tell us to stop).

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

NAME AS IT APPEARS ON CREDIT CARD

CARD NUMBER

EXPIRATION DATE

CVV

SIGNATURE

TODAY'S DATE

FOR OFFICE USE ONLY: MEMAPP