



Mail to:
APHA
P.O. Box 250327
Little Rock, AR 72225

Membership Application

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apt #

City

State

ZIP Code

Home Phone:

Alternate
Phone:

Email

Organization:

AASIS #:

Only applies for ADH employees requesting payroll deduction.

Membership Type

- | | |
|---|--|
| <input type="checkbox"/> Individual Membership \$26 | <input type="checkbox"/> Corporate (Silver) \$250 |
| <input type="checkbox"/> Student \$5 | <input type="checkbox"/> Corporate (Gold) \$500 |
| <input type="checkbox"/> Retiree \$5 | <input type="checkbox"/> Corporate (Platinum) \$1000 |
| <input type="checkbox"/> Corporate (Bronze) \$100 | |

APHA Section

- | | |
|--|---|
| <input type="checkbox"/> Arkansas Professional Sanitarians | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Health Administration | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Public Health Nurses |
| <input type="checkbox"/> Health Education and Promotion | <input type="checkbox"/> Public Health Preparedness |
| <input type="checkbox"/> Health Literacy | |

Section membership may require additional dues.

Signature:

Date: