INDIVIDUAL MEMBERSHIP APPLICATION

110 A Northwoods Boulevard
Columbus, Ohio 43235
P: 614-635-0207
F: 614-781-9558
ohiopha@gmail.com
www.ohiopha.org

Please Print: Enclose your dues payment when mailing application. Make checks payable to OPHA. Please consider a tax-deductible donation.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEGREE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>COUNTY</td>
<td>STATE</td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>PERSONAL EMAIL</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>POSITION/TITLE</td>
</tr>
<tr>
<td>EMPLOYER ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>COUNTY</td>
<td>STATE</td>
</tr>
<tr>
<td>WORK PHONE</td>
<td>WORK EMAIL</td>
</tr>
</tbody>
</table>

Preferred Contact Address:  □ Home  □ Work

Are you a member of APHA?  □ Yes  □ No
Please select the committee(s) on which you would like serve:

- **PUBLIC POLICY COMMITTEE**: prepares appropriate policy statements; reviews and advocates for policy issues; organizes the Public Policy Institute
- **HEALTH AND EQUITY IN ALL POLICIES COMMITTEE**: identifies and oversees ways in which OPHA can support and implement an HEiAP emphasis throughout our organization and advocates for an HEiAP approach across Ohio’s policy making bodies.
- **MEMBERSHIP COMMITTEE**: recruits and engages members for OPHA and broadens visibility
- **AWARDS COMMITTEE**: elicits nominations for OPHA awards and determines recipients
- **EDUCATION/PROGRAM COMMITTEE**: promotes educational programs. Please select a specific program(s):
  - Annual Meeting
  - Public Health Day/Week
  - Science Day
- **FINANCE COMMITTEE**: assists in the control and supervision of OPHA’s finances

**OPTIONAL INFORMATION:**
We would like to know about the members we serve. This information is treated as confidential and used as aggregate data for affirmative action purposes.

Race/Ethnicity:  
- [ ] African American  
- [ ] Asian/Pacific Islander  
- [ ] Caucasian  
- [ ] Hispanic  
- [ ] Native American  
- [ ] Other (please specify) ________________

Age:  
- [ ] <30  
- [ ] 30-39  
- [ ] 40-49  
- [ ] 50-59  
- [ ] 60>

Disability?  
- [ ] Yes  
- [ ] No

Gender?  
- [ ] Male  
- [ ] Female

Please consider a tax-deductible donation.

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>$75.00/year</td>
</tr>
<tr>
<td>Retired</td>
<td>$35.00/year</td>
</tr>
<tr>
<td>Full-Time Student</td>
<td>$30.00/year</td>
</tr>
</tbody>
</table>

Please select a section affiliation:
You may choose one primary (P) and one or more secondary (S) sections.
- [ ] P Student  
- [ ] S Academic  
- [ ] S Public Hlth Nursing  
- [ ] S Chiropractic  
- [ ] S Vital Statistics  
- [ ] S Clinical Health  
- [ ] S Vision Care  
- [ ] S Environmental  
- [ ] S Accreditation  
- [ ] S Health Education  
- [ ] S Epidemiology (proposed)

Please make checks payable to OPHA.

Mail application and payment to:

OPHA  
110 A Northwoods Boulevard  
Columbus, Ohio 43235