

INDIVIDUAL MEMBERSHIP APPLICATION



110 A Northwoods Boulevard
Columbus, Ohio 43235
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ohiopa@gmail.com
www.ohiopa.org

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

NAME _____ DEGREE(S) _____

HOME ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ PERSONAL EMAIL _____

EMPLOYER _____ POSITION/TITLE _____

EMPLOYER ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ WORK EMAIL _____

Preferred Contact Address: Home Work

Are you a member of APHA? Yes No

Please select a membership category:

- Active \$ 75.00/year
- Retired \$ 35.00/year
- Full-Time Student \$ 30.00/year

Please select a section affiliation:

You may choose **one** primary (P) and one or more secondary (S) sections. ___ Student

- ___ Academic ___ Public Hlth Nursing
- ___ Chiropractic ___ Vital Statistics
- ___ Clinical Health ___ Vision Care
- ___ Environmental ___ Accreditation
- ___ Health Education ___ Epidemiology_(proposed)

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): o Annual Meeting o Public Health Day/Week o 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 Age: <30 30-39 40-49 50-59 60>
- Asian/Pacific Islander
- Caucasian Disability? Yes No
- Hispanic
- Native American Gender? Male Female
- Other (please specify) _____

Please consider a tax-deductible donation.

MEMBERSHIP DUES \$ _____

TAX-DEDUCTIBLE GIFT \$ _____

TOTAL ENCLOSED \$ _____

Please make checks payable to OPHA.

Mail application and payment to:

OPHA

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