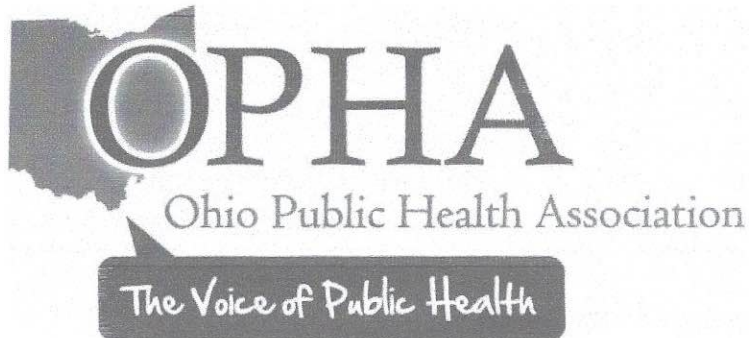


INDIVIDUAL MEMBERSHIP APPLICATION



110 A Northwoods Boulevard
Columbus, Ohio 43235
P: 614-635-0207
F: 614-781-9558
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 _____ CELL 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

Select a membership category:

- Active \$75.00/year
- Retired \$50.00/year
- Early Career* \$50.00/year
- Student \$30.00/year

*Within two years of graduation

Please indicate area(s) of interest:

- Academic
- Accreditation
- Chiropractic
- Clinical Health
- Dental Health
- Environmental
- Health Education
- Epidemiology
- Public Hlth Nursing
- Student
- Vital Statistics
- Vision Care
- Other _____

Please indicate the committee(s) on which you would like to serve:

- Public Policy:** Advises on and prepares policy statements; reviews and advocates for policy issues
- Health and Equity in All Policies:** Identifies, recommends, and advocates for ways in which OPHA can support and implement an HEiAP initiative
- Membership:** Recruits and engages OPHA members and broadens visibility of OPHA
- Education/Programs:** Promotes OPHA's educational programs
- Fund Development:** Identifies opportunities to enhance fund raising efforts
- Finance:** Assists in the control and supervision of OPHA's finances
- Marketing and Communications:** Develops ideas to increase awareness of OPHA and its work; assists with social media and website.

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:** Age: <30 30-39 40-49 50-59 60>
- African American
 - Asian/Pacific Islander Gender: _____
 - Caucasian
 - Hispanic
 - Native American
 - Other : (please specify)

Please consider a tax-deductible donation in addition to your membership dues. Make checks payable to OPHA, and mail to: OPHA; 110 A Northwoods Blvd.; Columbus, Ohio. 43235

MEMBERSHIP DUES \$ _____
TAX-DEDUCTIBLE GIFT \$ _____
TOTAL ENCLOSED \$ _____