

# INDIVIDUAL MEMBERSHIP APPLICATION



OPHA  
7385 State Route 3  
#51  
Westerville OH 43082-8654  
[www.ohioph.org](http://www.ohioph.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

**Please select a membership category:**

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

**Please select a section affiliation:**

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

**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.*

MEMBERSHIP DUES \$ \_\_\_\_\_

TAX-DEDUCTIBLE GIFT \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

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Mail application and payment to:

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