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>
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<tbody>
<tr>
<td>HOME ADDRESS</td>
<td>CITY</td>
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<tr>
<td>COUNTY</td>
<td>STATE</td>
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<td>HOME PHONE</td>
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<td>EMPLOYER</td>
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<td>STATE</td>
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<tr>
<td>WORK PHONE</td>
<td>WORK EMAIL</td>
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</tbody>
</table>

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):  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
□ Hispanic
□ Native American
□ Other (please specify)  

Disability? □ Yes  □ No

Gender? □ Male □ Female

Please consider a tax-deductible donation.

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

Mail application and payment to:
OPHA
7385 State Route 3 #51
Westerville OH 43082-8654