



7385 State Route 3, PMB 51
Westerville, Ohio 43082
info@ohioph.org
www.ohioph.org

Dues can be paid online or by mail. When paying by mail, please print this form, include with a check made payable to **OPHA** and mail to the address above. Please consider an additional tax-deductible donation with your membership. Thank you!

Name* Degree

Employer* (if applicable) Position/Title* (if applicable)

Employer address City

County* State Zip Code

Home address* City State Zip Code

Mobile phone* Work phone

Check here if Retired

School and expected graduation date if you are a student*

Primary email* Alternate email*

*Preferred contact email (select one):

Primary
 Alternate

Are you a member of APHA? Yes No

APHA requires affiliates to share membership information. If you do not want your membership information shared with APHA, please check the box below.

I do not want my contact information shared with APHA.

Select a membership category*:

- Active \$75.00/year
- Retired \$50.00/year
- Early Career \$50.00/year
(within two years of graduation)
- Student \$30.00/year
(attending school and not working full time)

Please indicate area(s) of professional interest:

- Academic PH Nursing
- Accreditation Health Equity
- Chiropractic Vital Statistics
- Clinical Health Vision Care
- Oral Health Workforce Dev.
- Environmental
- Health Education
- Epidemiology

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

- Policy and Advocacy:** Advises on and prepares policy statements; reviews and advocates for policy issues
- Membership:** Recruits and engages OPHA members and broadens visibility of OPHA
- 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
- Workforce Development:** Sets direction for the Public Health Professional Services and Early Career Engagement Program

Please consider a tax-deductible donation in addition to your membership dues. Make checks payable to OPHA, and mail to: OPHA; 7385 State Route 3, PMB 51; Westerville, Ohio 43082

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

Please add any comments or additional information here:
